

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4001BIRTH NO. 52 40011. NAME OF DECEASED
(Type or Print) Mildred M. Pritchard2. DATE OF DEATH April 24 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3331 Spaulding Ave

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

3331 Spaulding AveBaltimore 27-18C. Length of stay in Baltimore LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3331 Spaulding Avenue5. SEX Female6. COLOR OR RACE White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married8. DATE OF BIRTH June 9, 19009. AGE (in years last birthday) 51If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harry L. Gough14. MOTHER'S MAIDEN NAME Margaret A. Keller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Ross E. PritchardADDRESS 3331 Spaulding Ave18. 153 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Carcinoma of liver 9 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of colon 2 1/2 yearsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 6/25/4919B. MAJOR FINDINGS OF OPERATION Carcinoma of colon20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

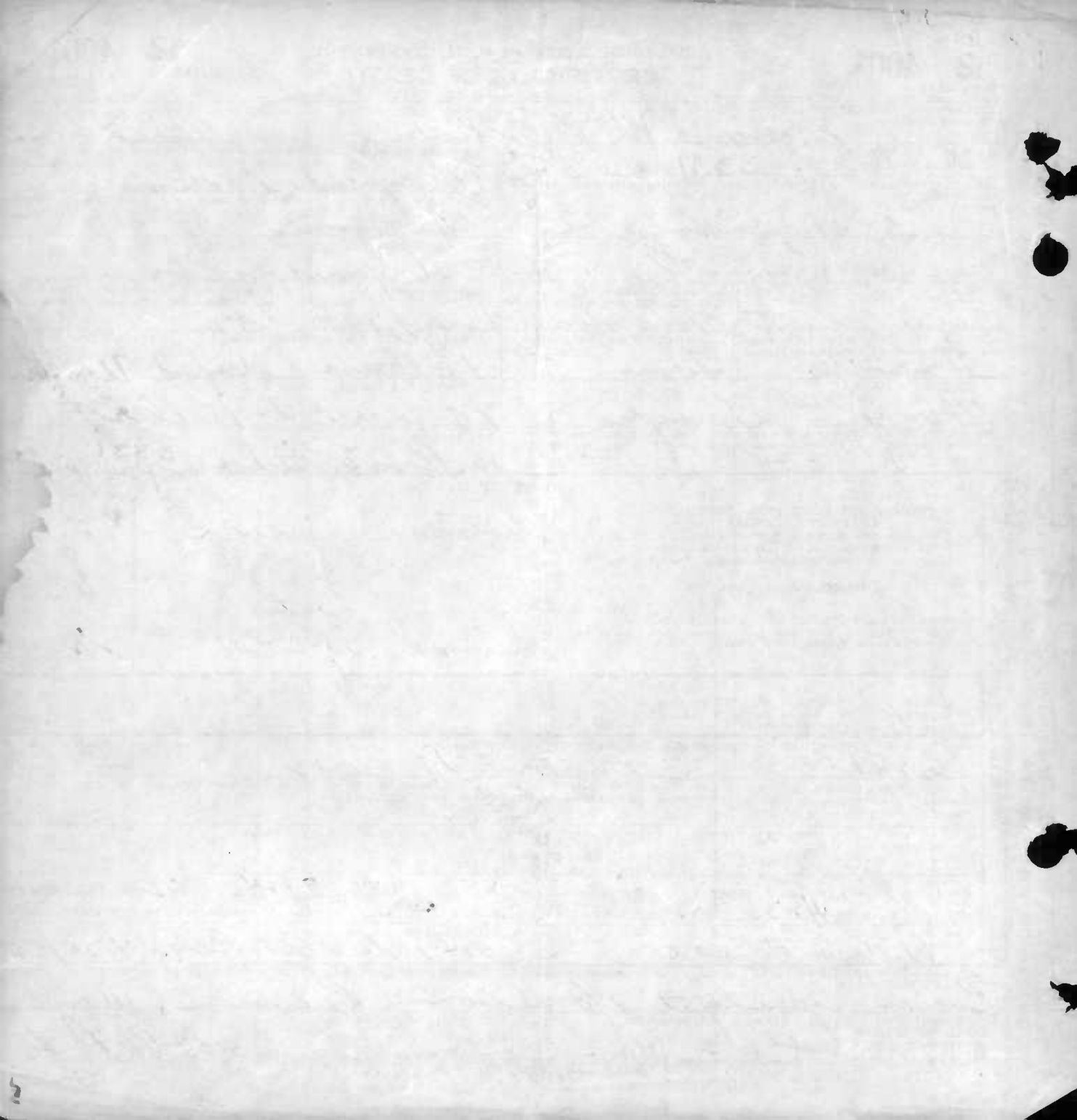
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 6/25, 1949, to 7/24, 1952 that I last saw the deceased alive on 4/23, 1952 and that death occurred at 4:50 AM., from the causes and on the date stated above.23A. SIGNATURE William B. Seale23B. ADDRESS 514 Medical Arts Bldg.23C. DATE SIGNED 4/25/5224A. BURIAL, CREMATION, REMOVAL (Specify) Burial24B. DATE April 26/5224C. NAME OF CEMETERY OR CREMATORY Woodlawn24D. LOCATION (City, town, or county) (State) Baltimore MarylandDATE RECEIVED BY LOCAL REGISTRAR APR 25 1952REGISTRAR'S SIGNATURE Huntington Williams, Jr.25. FUNERAL DIRECTOR Loring ByersADDRESS 5005 Ph. Arts Ave



CERTIFICATE CORRECTED 5-12-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 4002

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James E. Thomas

2. DATE OF DEATH

Apr 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Trapp

D. STREET ADDRESS (If rural, give location)

Talbot Co.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Thomas

14. MOTHER'S MARDEN NAME

Naomi Freeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 401.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic pancarditis
DUE TO C effusion + cardiac failure.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/23, 1952 to 4/24, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 11:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Dr. A. K. Krier

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, Jr.

Severid + Bayneum

Cambridge md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATEMENT OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Nature of disease		8. Duration of disease		9. Name of physician		10. Name of funeral director	
11. Name of informant		12. Address of informant		13. City		14. State		15. County	
16. Name of registrar		17. Address of registrar		18. City		19. State		20. County	
21. Name of undertaker		22. Address of undertaker		23. City		24. State		25. County	
26. Name of cemetery		27. Address of cemetery		28. City		29. State		30. County	
31. Name of church		32. Address of church		33. City		34. State		35. County	
36. Name of school		37. Address of school		38. City		39. State		40. County	
39. Name of hospital		40. Address of hospital		41. City		42. State		43. County	
44. Name of doctor		45. Address of doctor		46. City		47. State		48. County	
49. Name of nurse		50. Address of nurse		51. City		52. State		53. County	
54. Name of pharmacist		55. Address of pharmacist		56. City		57. State		58. County	
59. Name of undertaker		60. Address of undertaker		61. City		62. State		63. County	
64. Name of cemetery		65. Address of cemetery		66. City		67. State		68. County	
69. Name of church		70. Address of church		71. City		72. State		73. County	
74. Name of school		75. Address of school		76. City		77. State		78. County	
79. Name of hospital		80. Address of hospital		81. City		82. State		83. County	
84. Name of doctor		85. Address of doctor		86. City		87. State		88. County	
89. Name of nurse		90. Address of nurse		91. City		92. State		93. County	
94. Name of pharmacist		95. Address of pharmacist		96. City		97. State		98. County	
99. Name of undertaker		100. Address of undertaker		101. City		102. State		103. County	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4003

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY JONES

2. DATE
OF
DEATH

APRIL 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1208 CANAL COURT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1208 CANAL COURT

c. Length of stay in Baltimore 24 years

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 25, 1887

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

GEORGIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

EDWARD JONES

14. MOTHER'S MAIDEN NAME

AMY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ANNIE T. JONES 1208 CANAL COURT

18.

331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Cerebral Hemorrhage
Arterio-sclerosisINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from October, 1951, to April, 1952, that I last saw the
deceased alive on April 4, 1952, and that death occurred at 12 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Morris G. Jim

M. D.

23B. ADDRESS

115 Bismark

23C. DATE SIGNED

4-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

APRIL 26, 1952 MT. CALVARY CEMETARY

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

A. A. CO.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Kayser Sanders

25. FUNERAL DIRECTOR

ADDRESS

217 E. PRESTON STREET

3004 92

THE UNIVERSITY OF CHICAGO
LIBRARY

3004

4-5



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4004

BIRTH NO.

4004

49-11815

1. NAME OF DECEASED (Type or Print) PAUL J. SCALLY			2. DATE OF DEATH April 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Lifetime			D. STREET ADDRESS (If rural, give location) 3024 Barclay Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 3, 1949	9. AGE (In years last birthday) 2 years	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph L Scally			14. MOTHER'S MAIDEN NAME Ruth Marietta Anderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Joseph L. Scally 3024 Barclay St.		

18. **F903.0**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Subdural hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Thrombocytopenic purpura

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
3024 Barclay Street21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 23, 195221E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Fell to floor, striking his head

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

 23B. CHIEF MEDICAL EXAMINER.....☐
 ASSISTANT MEDICAL EXAMINER.....☒
 M.D. MEDICAL INVESTIGATOR.....☐
23C. DATE SIGNED
April 24, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
4-26-5224C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cemetery Baltimore Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952**Huntington Williams, Jr.****Charles F. Evans & Son**
118 W. Mt. Royal Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4005BIRTH NO. 52-094811. NAME OF DECEASED
(Type or Print)Baby Bry Noel2. DATE
OF
DEATH4-24-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Mercy Hosp.4. USUAL RESIDENCE (Where deceased lived. If institution; residence
a. STATE Ind. b. COUNTY before admission)

c. CITY OR TOWN (If outside corporate limits, write rural and give township)

Balto.25-04

d. STREET ADDRESS (If rural, give location)

224 Washburn ave

c. Length of stay in Baltimore

2

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

4-23-529. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.210a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)none10b. KIND OF BUSINESS OR
INDUSTRYnone

11. BIRTHPLACE (State or foreign country)

Balto Ind12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel C. Noel

14. MOTHER'S MAIDEN NAME

Margaret P. Dawson15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel C Noel 224 Washburn ave

18.

770.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Kernicterus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Erythroblastosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4-23, 1952 to 4-24, 1952, that I last saw the
deceased alive on 4-24, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATOR

24d. LOCATION (City, town, or county)

(State)

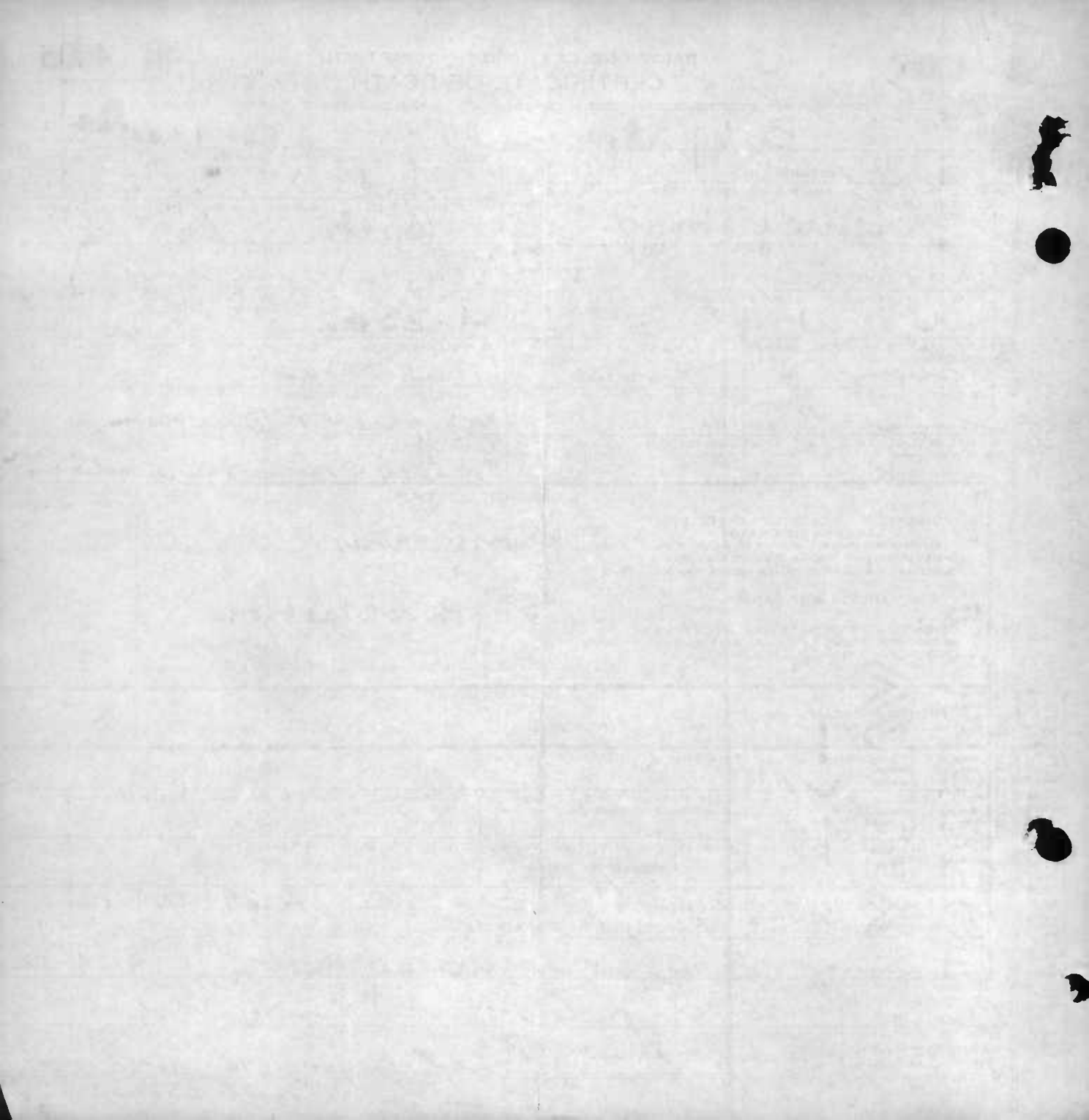
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952Huntington Williams, M.D.Geo. E. Beyer Jr.1512 Hollins St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4006**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOWARD RING		2. DATE OF DEATH April 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2587 W. Baltimore Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ? Yrs. 1 Mos. 1 Days		D. STREET ADDRESS (If rural, give location) 2587 W. Baltimore Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 1-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10B. KIND OF BUSINESS OR INDUSTRY CASKETS INDUSTRY	9. AGE (In years last birthday) 49
11. BIRTHPLACE (State or foreign country) Relay Ind		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME R. Howard Ring		14. MOTHER'S MAIDEN NAME Alice Denlinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-01-0809	
17. INFORMANT Mary C. Ring		ADDRESS 2587 W. Balt	

18. **E973.1** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Asphyxiation due to carbon monoxide**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Garage	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Garage in rear of 2587 W. Baltimore St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 24, 1952 9:00 A.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? gas Carbon monoxide poisoning, motor exhaust

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐23A. SIGNATURE **William V. Davis** 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
M.D. ASSISTANT MEDICAL EXAMINER.....☒ **April 24, 1952**
MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **4-28-52** 24C. NAME OF CEMETERY OR CREMATORY **Western View** 24D. LOCATION (City, town, or county) (State) **Balt. Ind**DATE RECEIVED BY LOCAL REGISTRAR **APR 25 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Geo. L. Berger** ADDRESS **1812 Nollins St**

VS 151

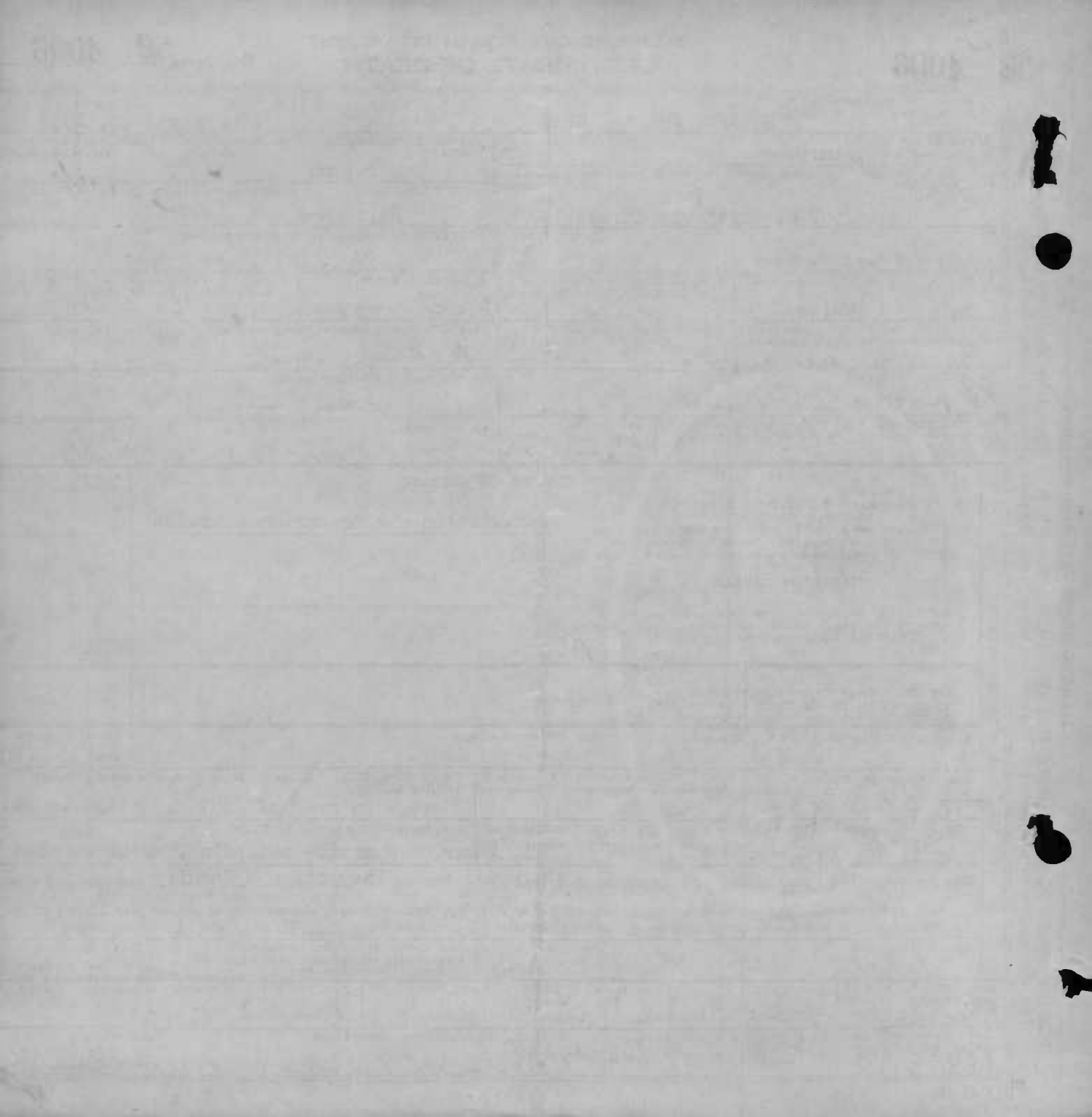
N-968.0

3103Z

Balt. 23 mar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4007**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID

COHEN

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE South Carolina

B. COUNTY

B. FULL NAME (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE (Starford Hotel)

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Charleston

D. STREET ADDRESS (If rural, give location)

212 Calhoun St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

white

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 12, 1886

9. AGE (In years last birthday)

66

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale

Groc. & Beer

11. BIRTHPLACE (State or foreign country)

New York, New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Cohen

14. MOTHER'S MAIDEN NAME

Rosa Hyems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles S. C.

Mrs. Beatrice Cohen - 212 Calhoun St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver

ANTECEDENT CAUSES

Acute alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

April 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal --

24B. DATE

4/27/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Charleston, S. C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams

Rm. J. Tickner & Sons

Baltimore 17, Md.



Wm. J. ...
1881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4008

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MRS. MARY ELIZABETH REHMANN2. DATE
OF
DEATHAPRIL 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland YES

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD. B. COUNTY BALTO-CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2810 GRANTLEY RD. AV.

C. Length of stay in Baltimore

LIFE 65Yrs.
Mo.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-28-86

9. AGE (In years last birthday)

65

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

EUGENE SULLIVAN

14. MOTHER'S MAIDEN NAME

SARAH WORLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mr. Bernard F. Rehmann

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

(B) ARTERIOSCLEROSIS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1952, to 4-25, 1952, that I last saw the deceased alive on 4-14, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Ainsliegate

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

4-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

Balto 17, Md.

DARIO UGARTE

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520
52 4009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4009
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS RENA ELIZA LYNCH

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Arm

5300

D. STREET ADDRESS (If rural, give location)

Mt. Vista Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

June 6, 1884

9. AGE (In years; last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired (Mgr Upholstery)

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William R. Lynch

14. MOTHER'S MAIDEN NAME

Sarah E. Grace

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Union Memorial Hospital records.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular

DUE TO

disease in cardiac decompensation.

(C) Anemia, type unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 6, 1952, to April 25, 1952, that I last saw the deceased alive on April 25, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

M. D.

23B. ADDRESS

Union Memorial Hosp. Balto, Md.

23C. DATE SIGNED

April 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

ADDRESS

2906C 17, Md.

100-100000

CERTIFICATE OF DEATH

WILLIAM
JAMES
MAY
1900
100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4010

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Minnie E. Reinfelder2. DATE OF DEATH April 23, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1833 North Milton Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-02D. STREET ADDRESS (If rural, give location)
1833 N. Milton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
George Reinfelder - 1833 N. Milton18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1952 to 4/23, 1952 that I last saw the deceased alive on 4/23, 1952 and that death occurred at 9:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952Huntington Williams, M.D. John C. Miller Inc. - 2430 E. Ohio St.

010

STAMP TO BE AFFIXED

48

1972



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully and correctly stated. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 4011

BIRTH NO. 52 4011

1. NAME OF DECEASED (Type or Print) <u>GEORGE DRUMMINGS</u>			2. DATE OF DEATH <u>April 25, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>D.C.</u> B. COUNTY <u>V-48</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Public Health Service Hospital</u> <u>Wyman Pk. Drive & 31 Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington</u>		
D. STREET ADDRESS (If rural, give location) <u>729 Irving Street</u>			E. LENGTH OF STAY IN BALTIMORE <u>7 days</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>10/14/07</u>	9. AGE (In years last birthday) <u>44</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laboratory Tech.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>U.S. Public Health Service</u>		
11. FATHER'S NAME <u>John Drummings</u>			12. MOTHER'S MAIDEN NAME <u>Mary Magdaline Ealy</u>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>			14. SOCIAL SECURITY NO. <u>?</u>		
15. ADDRESS <u>Records- US PHS Hospital, Balto, Md.</u>			16. ADDRESS <u>Records- US PHS Hospital, Balto, Md.</u>		

18. <u>446X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia (clinical history)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Nephrosclerosis, severe</u>			<u>Unknown</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. HOW DID INJURY OCCUR?		21D. DATE RECEIVED BY LOCAL REGISTRAR <u>APR 25 1952</u>	
22. I hereby certify that I attended the deceased from <u>Apr. 18</u> , 19 <u>52</u> , to <u>Apr. 25</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Apr. 25</u> , 19 <u>52</u> and that death occurred at <u>4:10A</u> m., from the causes and on the date stated above.		23. SIGNATURE <u>D.W. Patrick, Medical Officer in Charge</u>	
24A. ADDRESS <u>US PHS Hospital, Balto, Md.</u>		24B. DATE SIGNED <u>4/25/52</u>	
24C. BUREAU, CREMATION, REMOVAL (Specify) <u>4.28.52</u>		24D. NAME OF CEMETERY OR CREMATORY <u>Arlington Nat. VA</u>	
24E. LOCATION (City, town, or county) <u>VA</u>		24F. FUNERAL DIRECTOR <u>Frazier's Funeral Home</u>	
24G. ADDRESS <u>389 R. 9</u>		24H. VS 150 <u>096 91</u>	

NATIONAL CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Social status	
13. Date of birth		14. Date of death		15. Date of burial		16. Date of interment	
17. Name of physician		18. Name of funeral director		19. Name of undertaker		20. Name of cemetery	
21. Name of registrar		22. Name of health officer		23. Name of coroner		24. Name of judge	
25. Name of jury		26. Name of jury		27. Name of jury		28. Name of jury	
29. Name of jury		30. Name of jury		31. Name of jury		32. Name of jury	
33. Name of jury		34. Name of jury		35. Name of jury		36. Name of jury	
37. Name of jury		38. Name of jury		39. Name of jury		40. Name of jury	
41. Name of jury		42. Name of jury		43. Name of jury		44. Name of jury	
45. Name of jury		46. Name of jury		47. Name of jury		48. Name of jury	
49. Name of jury		50. Name of jury		51. Name of jury		52. Name of jury	
53. Name of jury		54. Name of jury		55. Name of jury		56. Name of jury	
57. Name of jury		58. Name of jury		59. Name of jury		60. Name of jury	
61. Name of jury		62. Name of jury		63. Name of jury		64. Name of jury	
65. Name of jury		66. Name of jury		67. Name of jury		68. Name of jury	
69. Name of jury		70. Name of jury		71. Name of jury		72. Name of jury	
73. Name of jury		74. Name of jury		75. Name of jury		76. Name of jury	
77. Name of jury		78. Name of jury		79. Name of jury		80. Name of jury	
81. Name of jury		82. Name of jury		83. Name of jury		84. Name of jury	
85. Name of jury		86. Name of jury		87. Name of jury		88. Name of jury	
89. Name of jury		90. Name of jury		91. Name of jury		92. Name of jury	
93. Name of jury		94. Name of jury		95. Name of jury		96. Name of jury	
97. Name of jury		98. Name of jury		99. Name of jury		100. Name of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4012
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAROLD

SMITH

2. DATE
OF
DEATH April 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1215 Madison Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 496 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Decker

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
April 3, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL APR 15 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

8211

5

UNITED STATES DEPARTMENT OF THE INTERIOR

5401

WATER RESOURCES DIVISION



RECEIVED BY THE SECRETARY OF THE INTERIOR

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANIE

ALLEN

2. DATE
OF
DEATH

March 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

247 N. Exeter Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

29

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Unknown

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 14 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4014

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE GREEN

2. DATE OF DEATH March 19, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

721 W. Fayette Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)
66

10 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Unknown

ADDRESS

18. 4-2-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Spivey

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

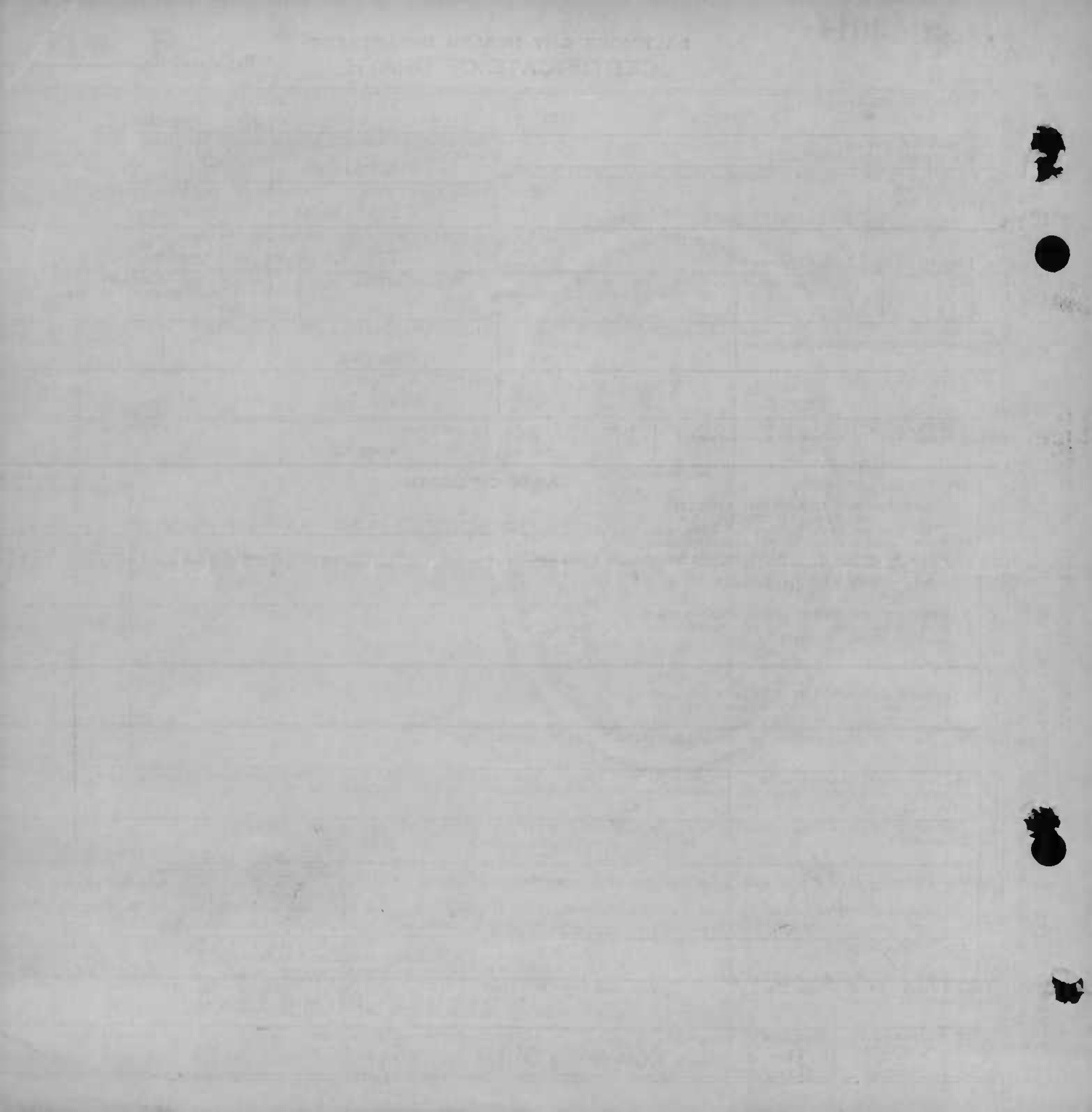
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL APR 14 1952

Commissioner of Health



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GALE GILBERT WINGO

2. DATE
OF
DEATH

Apr. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Florida

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION Hospital

Wyman pk. drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Miami

D. STREET ADDRESS (If rural, give location)

Pier 5

c. Length of stay in Baltimore

? 77 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10/7/94

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Ill.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Tom B. Wingo

14. MOTHER'S MAIDEN NAME

Arcie Wyatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia, acute, bilateral

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Postoperative state, resection of
mandible (2/14/52)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/14/52

19B. MAJOR FINDINGS OF OPERATION Carcinoma floor of mouth
& tongue with extension through the mandible &
cervical metastases.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1952 to Apr. 24, 1952 that I last saw the
deceased alive on Apr. 24, 1952 and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

4/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-28-52

24C. NAME OF CEMETERY OR CREMATORY

Salem Cem.

24D. LOCATION (City, town, or county) (State)

Salem Del.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

673 55

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of funeral director	
13. Signature of medical examiner		14. Signature of health officer		15. Signature of county auditor	
16. Signature of state auditor		17. Signature of state treasurer		18. Signature of state controller	
19. Signature of state clerk		20. Signature of state secretary		21. Signature of state treasurer	
22. Signature of state auditor		23. Signature of state treasurer		24. Signature of state controller	
25. Signature of state clerk		26. Signature of state secretary		27. Signature of state treasurer	
28. Signature of state auditor		29. Signature of state treasurer		30. Signature of state controller	
31. Signature of state clerk		32. Signature of state secretary		33. Signature of state treasurer	
34. Signature of state auditor		35. Signature of state treasurer		36. Signature of state controller	
37. Signature of state clerk		38. Signature of state secretary		39. Signature of state treasurer	
40. Signature of state auditor		41. Signature of state treasurer		42. Signature of state controller	
43. Signature of state clerk		44. Signature of state secretary		45. Signature of state treasurer	
46. Signature of state auditor		47. Signature of state treasurer		48. Signature of state controller	
49. Signature of state clerk		50. Signature of state secretary		51. Signature of state treasurer	
52. Signature of state auditor		53. Signature of state treasurer		54. Signature of state controller	
55. Signature of state clerk		56. Signature of state secretary		57. Signature of state treasurer	
58. Signature of state auditor		59. Signature of state treasurer		60. Signature of state controller	
61. Signature of state clerk		62. Signature of state secretary		63. Signature of state treasurer	
64. Signature of state auditor		65. Signature of state treasurer		66. Signature of state controller	
67. Signature of state clerk		68. Signature of state secretary		69. Signature of state treasurer	
70. Signature of state auditor		71. Signature of state treasurer		72. Signature of state controller	
73. Signature of state clerk		74. Signature of state secretary		75. Signature of state treasurer	
76. Signature of state auditor		77. Signature of state treasurer		78. Signature of state controller	
79. Signature of state clerk		80. Signature of state secretary		81. Signature of state treasurer	
82. Signature of state auditor		83. Signature of state treasurer		84. Signature of state controller	
85. Signature of state clerk		86. Signature of state secretary		87. Signature of state treasurer	
88. Signature of state auditor		89. Signature of state treasurer		90. Signature of state controller	
91. Signature of state clerk		92. Signature of state secretary		93. Signature of state treasurer	
94. Signature of state auditor		95. Signature of state treasurer		96. Signature of state controller	
97. Signature of state clerk		98. Signature of state secretary		99. Signature of state treasurer	
100. Signature of state auditor		101. Signature of state treasurer		102. Signature of state controller	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 4016BIRTH NO. 2001. NAME OF DECEASED
(Type or Print) Martin Lewis2. DATE OF DEATH Apr. 22 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY 18-01B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Provident Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore 5 yearsD. STREET ADDRESS (If rural, give location)
86 F St. Fayette Sh5. SEX Male6. COLOR OR RACE Colored7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH Aug. 9, 18779. AGE (in years last birthday) 75
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clergman10B. KIND OF BUSINESS OR INDUSTRY
Church11. BIRTHPLACE (State or foreign country)
Carolina12. CITIZEN OF WHAT COUNTRY?
U. S. A.13. FATHER'S NAME
Friday Lewis14. MOTHER'S MAIDEN NAME
Jennie15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. DECEASED'S ADDRESS
1005 St. Fayette Sh18. 603 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Uremia

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.
Urinary extravasation(B) DUE TO
Urethral strictures

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Generalized arterio sclerosis19A. DATE OF OPERATION
4-7-5219B. MAJOR FINDINGS OF OPERATION
Urinary extravasation-Cellulitis of scrotum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

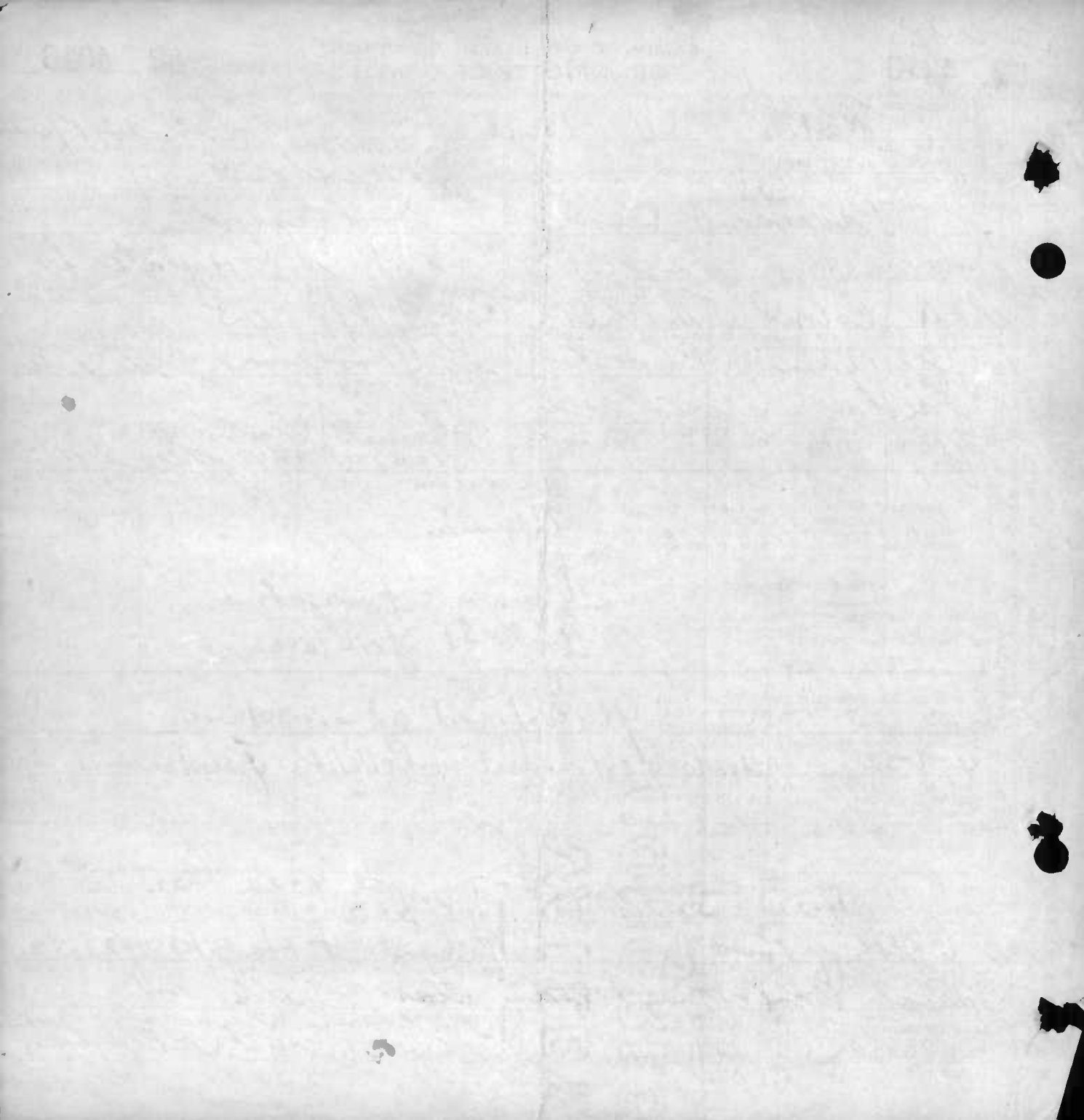
21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-52 to 4-22-52, 1952 that I last saw the deceased alive on 4-22-52, 1952 and that death occurred at 8:45 p.m., from the causes and on the date stated above.23A. SIGNATURE
Chas. Wood

M. D.

23B. ADDRESS
Provident Hospital23C. DATE SIGNED
4-22-5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
Apr. 24, 195224C. NAME OF CEMETERY OR CREMATORY
Heaton Star24D. LOCATION (City, town, or county) (State)
Balt. Md.DATE RECEIVED BY LOCAL REGISTRAR
APR 25 1952REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
Funeral Home



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4017

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Ferguson

2. DATE
OF
DEATH

Apr. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1332 Druid Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1332 S. Druid Hill Ave.

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 24, 1893

9. AGE (In years last birthday)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Adelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Mr. Robert S. Ferguson, Jr.
710 N. Whitmore Ave.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage
Hypertension

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4/16 - 4/23
1952II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16/52, 19, to 4/23/52, 19, that I last saw the deceased alive on 4/23, 1952, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jas. S. Julian Jr.

23B. ADDRESS

511 N. School St.

23C. DATE SIGNED

4/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Apr. 27, 1952

Mt. Auburn

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

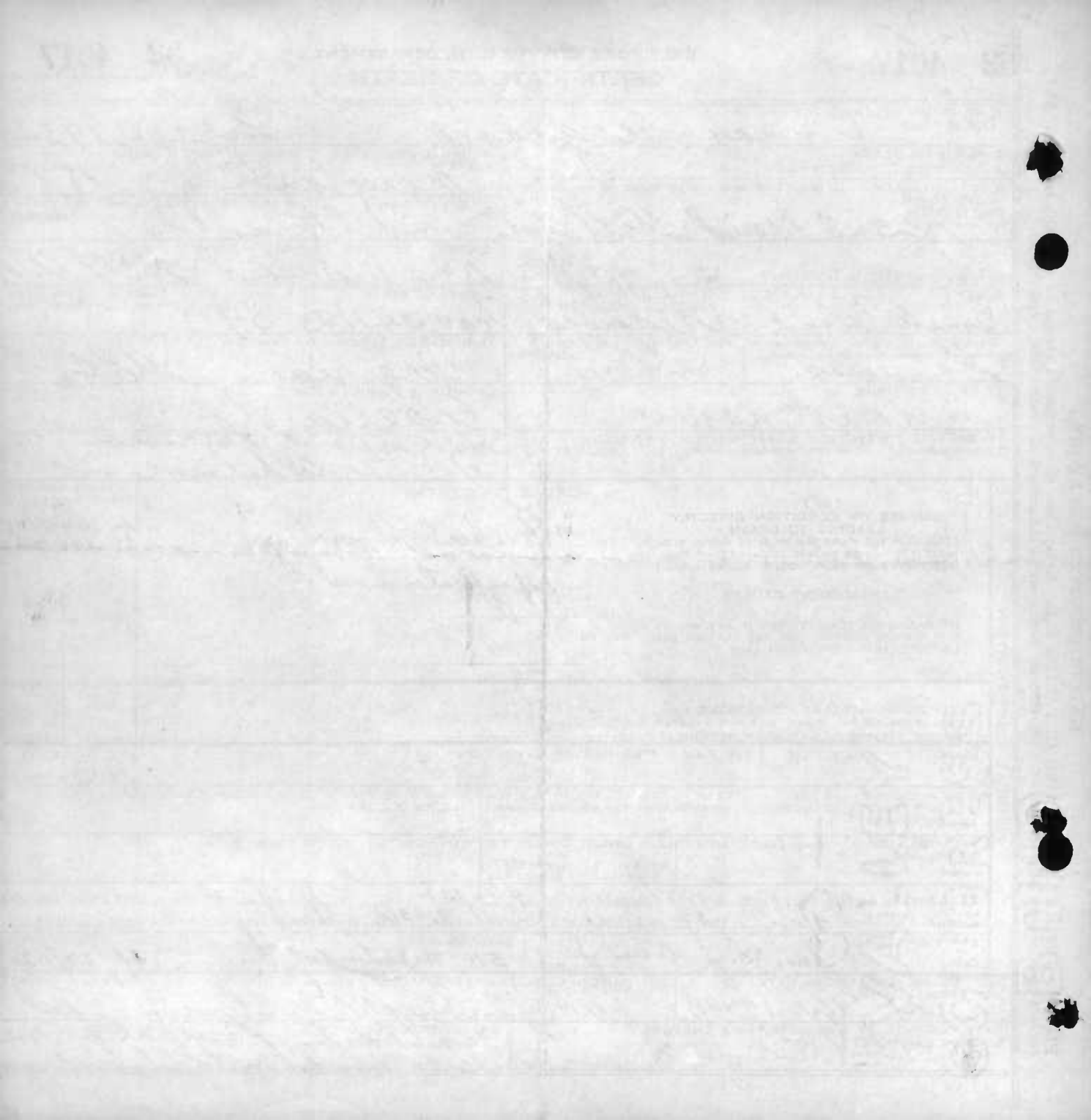
25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, M.D.

Holland Funeral Home
1637 Druid Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4018**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARY Elizabeth SWENSON**2. DATE
OF
DEATH**APR 26 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

3-13-27

9. AGE (In years last birthday)

25

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew C. Swenson

14. MOTHER'S MAIDEN NAME

Mary Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Cyanotic congenital heart disease since birth**
DUE TO(B) **Tetralogy of Fallot** since birth
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Severe Kypho-scoliosis**

since birth

19A. DATE OF OPERATION

4/24/52

19B. MAJOR FINDINGS OF OPERATION

Tetralogy of Fallot.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-4-**, 1952, to **4-26-**, 1952, that I last saw the deceased alive on **4-26-**, 1952, and that death occurred at **12⁰⁵ Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. Nelson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

4/26/52

24C. NAME OF CEMETERY OR CREMATORY

Riverside Cem.

24D. LOCATION (City, town, or county)

Waterbury, Connecticut

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Siskner & Sons

ADDRESS

Balto 17, Md.

Gen. C. C. Smith
Tactical of Battle

Gen. K. K. Smith
Tactical of Battle

Gen. K. K. Smith
Tactical of Battle

MARGIN RESERVED FOR BINDING

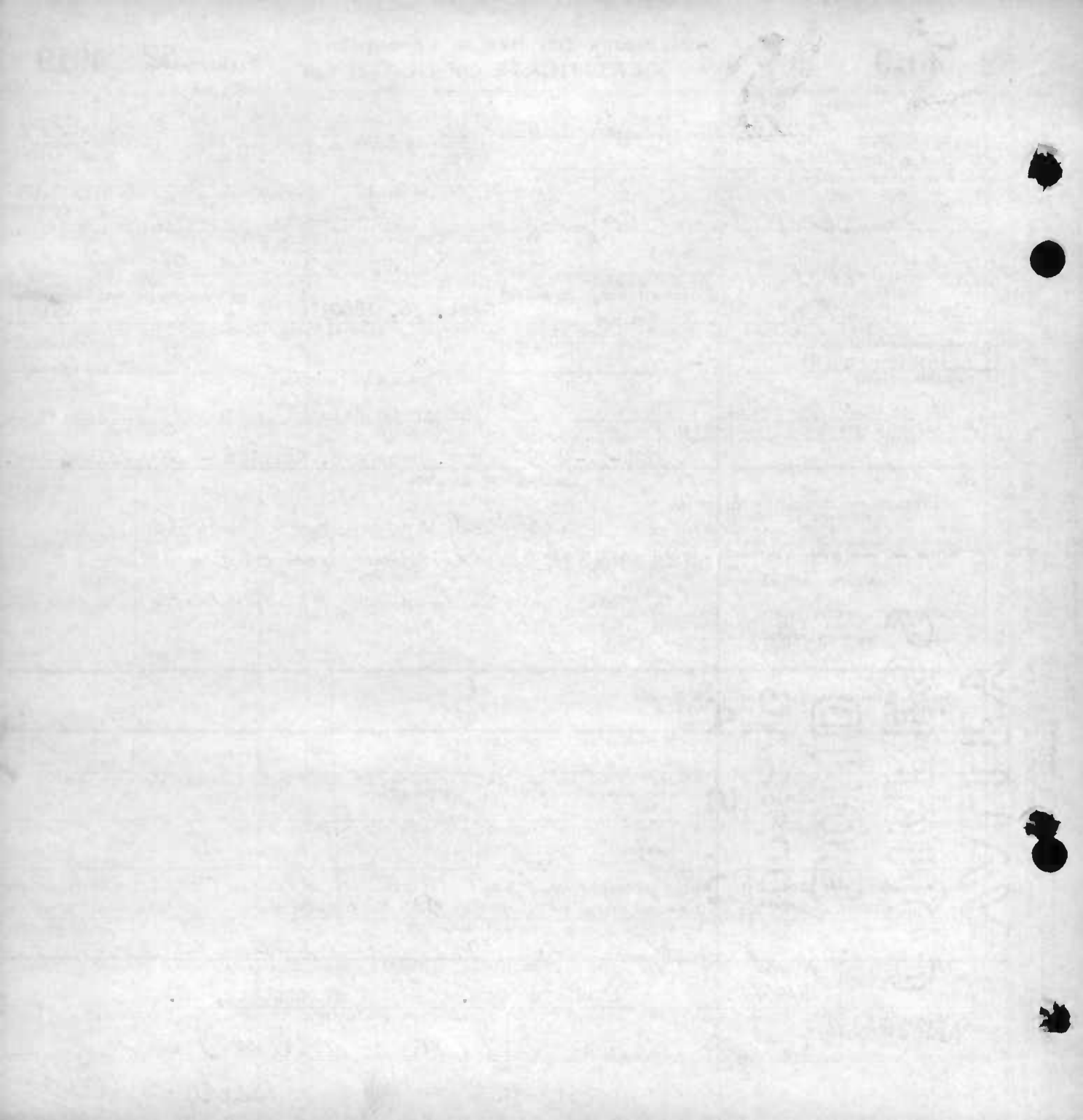
PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4019**
425
52 4019
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ernest B. Wilson			2. DATE OF DEATH April 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 48 Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4200 Roland Ave. #11		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 16, 1880		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason (Rtd)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME Ernest Wilson			14. MOTHER'S MAIDEN NAME Carrie Male		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 224-22-3495	17. INFORMANT Mrs. George S. Rairigh - 4200 Roland Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident - DUE TO right side hemiplegia ANTECEDENT CAUSES Hypertension, arteriosclerotic DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			CAUSE OF DEATH Cerebral vascular accident - DUE TO right side hemiplegia Hypertension, arteriosclerotic DUE TO (B) (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 19, 1952 , to April 25, 1952 , that I last saw the deceased alive on April 25, 1952 , and that death occurred at 6:27 p.m. , from the causes and on the date stated above.						
23A. SIGNATURE Spe-jin Liu		23B. ADDRESS Md. General Hospital		23C. DATE SIGNED April 25, 52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 4/26/52	24C. NAME OF CEMETERY OR CREMATORY Blandford Cem.	24D. LOCATION (City, town, or county) (State) Petersburg, Va.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE APR 26 1952		25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS 26m. J. Pickens & Sons		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4020BIRTH NO. 6521. NAME OF DECEASED
(Type or Print) Mr. Howard L. Barnes2. DATE
OF DEATH 4-26-19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY _____ before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION ST. Agnes Hospital near Reisterstown - 56-00C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)C. Length of stay in Baltimore about 3 weeks
Yrs. _____ Mos. _____ Days _____D. STREET ADDRESS (If rural, give location) Finksburg Md.5. SEX M6. COLOR OR RACE W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) married8. DATE OF BIRTH 9-9-18739. AGE (in years
last birthday) 79
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired) laborer10B. KIND OF BUSINESS OR
INDUSTRY gen.11. BIRTHPLACE (State or foreign country) Corroll Co. Md.12. CITIZEN OF
WHAT COUNTRY? U.S.A.13. FATHER'S NAME Frank Barnes14. MOTHER'S MAIDEN NAME Mary Martha Lockhart15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) no16. SOCIAL
SECURITY NO. none17. INFORMANT ADDRESS
Norman L. Barnes Finksburg Md.18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Adenocarcinoma of
DUE TO Sigmoid colon.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO _____
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT. Arterioscl. Card. Vase - Disease19A. DATE OF OPERATION 9-9-5219B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Sigmoid Colon20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2 1952 to 4-26, 1952, that I last saw the
deceased alive on 4-26, 1952, and that death occurred at 6:05 A.M., from the causes and on the date stated above.23A. SIGNATURE Harry L. King23B. ADDRESS St. Agnes Hosp.23C. DATE SIGNED
4-26-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify) Burial24B. DATE April 29/5224C. NAME OF CEMETERY OR CREMATORY Sandy Mount Cem. near Westminster, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR APR 26 1952REGISTRAR'S SIGNATURE Huntington Williams, Jr.25. FUNERAL DIRECTOR J. S. Mayers, Jr. Westminster, Md.

ADDRESS

CERTIFICATE OF DEATH

STATE OF TEXAS

County of _____

City of _____

State of _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4021**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James H. Pack

2. DATE
OF
DEATH

4/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Univ. Hosp. Accident Room

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1900

9. AGE (in years last birthday)

52

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

A. H. Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Asbury Pack

14. MOTHER'S MAIDEN NAME

Matilda - Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert Hallack, Severna Park, Md.

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Crown Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 min

ANTECEDENT CAUSES

(B)

Arteriosclerotic C. V. D.

DUE TO

2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Apr 25*, 19*52*, to *Apr 25*, 19*52*, that I last saw the deceased alive on *Apr 25*, 19*52* and that death occurred at *7:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

AD Edwards

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/28/52

Town Neck Cemetery

Severna Park, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

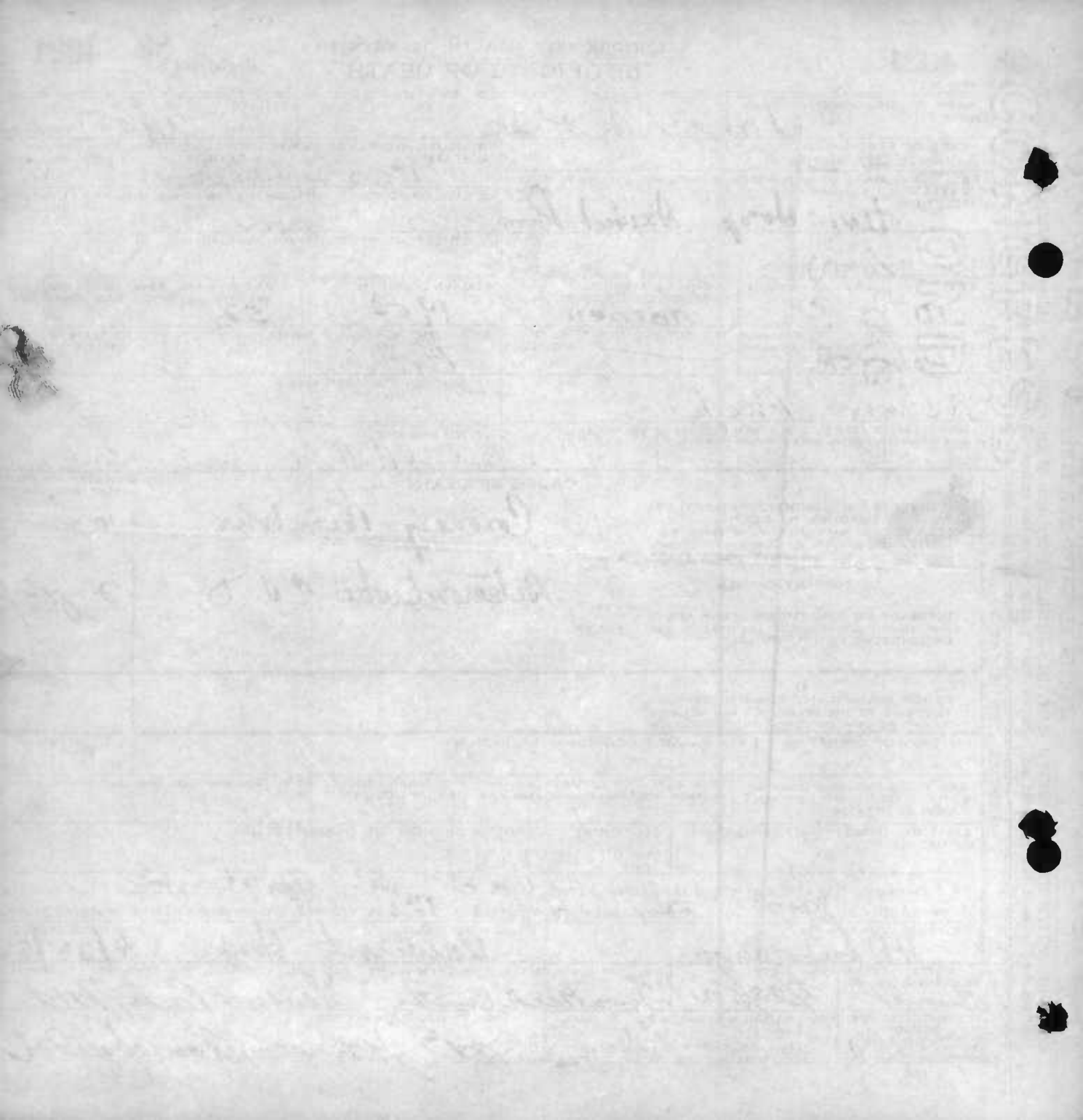
ADDRESS

Huntington Williams

J. B. Johnson, Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-616
52 4022BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4022

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Orrison John Barbour</i>			2. DATE OF DEATH <i>Apr. 24, 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>14-06</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>33</i>			D. STREET ADDRESS (If rural, give location) <i>1411 Madison Ave. -</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/22/84</i>	9. AGE (In years, last birthday) <i>68</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Janitor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Fidelity Realty Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>	
13. FATHER'S NAME <i>Wm. Barbour</i>			14. MOTHER'S MAIDEN NAME <i>Adell Cole</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Hypertensive cardiovascular disease with subarachnoid hemorrhage</i> DUE TO (B) <i>1 day</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Apr. 24, 1952</i> to <i>Apr. 24, 1952</i> that I last saw the deceased alive on <i>Apr. 24, 1952</i> and that death occurred at <i>100</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Thomas Franklin Willen</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/27/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore County, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 117 Charles St. Law-802, Madison Ave.</i>			

VS 150

77074

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1. Name of deceased *John B. Jones*

2. Age *65*

3. Sex *Male*

4. Date of death *March 10, 1938*

CAUSE OF DEATH

Myocardial infarction

5. Place of death *Home*

6. Signature of physician *Dr. J. H. Smith*

7. Signature of registrar *John D. Jones*

8. Signature of informant *John B. Jones*

9. Signature of witness *John B. Jones*

10. Signature of witness *John B. Jones*

11. Signature of witness *John B. Jones*

12. Signature of witness *John B. Jones*

13. Signature of witness *John B. Jones*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4023

B-100
52 4023
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Andrew B. Babb</i>			2. DATE OF DEATH <i>APR 26 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Va.</i> B. COUNTY <i>V-42</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Winchester</i>		
c. Length of stay in Baltimore Yrs. Mos. Days <i>19 N. Washington St.</i>			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-1-14</i>		9. AGE (In years last birthday) <i>37</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>			11. BIRTHPLACE (State or foreign country) <i>W. Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Clement E. Babb</i>			14. MOTHER'S MAIDEN NAME <i>Martha Bird</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>581-0</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>581-0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>yes.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Bot - op shock.</i> DUE TO <i>Renal failure</i> DUE TO		-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>4/25/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Marked cirrhosis & Ecological scars</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>April 25 1952 6:00 p.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-10-</i> 1952 to <i>4-26-</i> 1952 that I last saw the deceased alive on <i>4-26-</i> 1952, and that death occurred at <i>6:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ellison L. Lohr</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24B. DATE <i>April 26, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Winchester, Va</i>	
24D. LOCATION (City, town, or county) (State) <i>Winchester Va</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Fickel & Sons North Pa Ave</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Fickel & Sons North Pa Ave</i>	

P-620
52 4024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4024

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Beulah Mary Louise Price

2. DATE
OF
DEATH

4-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

BALTO.

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hyde

D. STREET ADDRESS (If rural, give location)

Hyde Rd.

c. Length of stay in Baltimore

24

Yrs.
Moor
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan 6, 1932

9. AGE (In years;
last birthday)

20

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Leonard Braxton Wade

14. MOTHER'S MAIDEN NAME

Jessie Pearl Cornett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Willie Price

ADDRESS
Hyde, Md.

18. E 916.01

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Third degree burns of 75% of
body

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

CERTIFICATION APPROVED BY

William S. Nelson M. D.
M.D. OR ASST. MEDICAL EXAMINER.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Hyde, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4-2-52 4 pm

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Clothes caught afire when
Home fire stove exploded.

22. I hereby certify that I attended the deceased from Apr 2, 1952, to Apr 26, 1952, that I last saw the
deceased alive on Apr 26, 1952, and that death occurred at 12:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

William S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp.
Baltimore, Md.

23C. DATE SIGNED

Apr 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-29-52

24C. NAME OF CEMETERY OR CREMATORY

Gessops Methodist

24D. LOCATION (City, town, or county)

Sparks, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

L. Scott Brooks

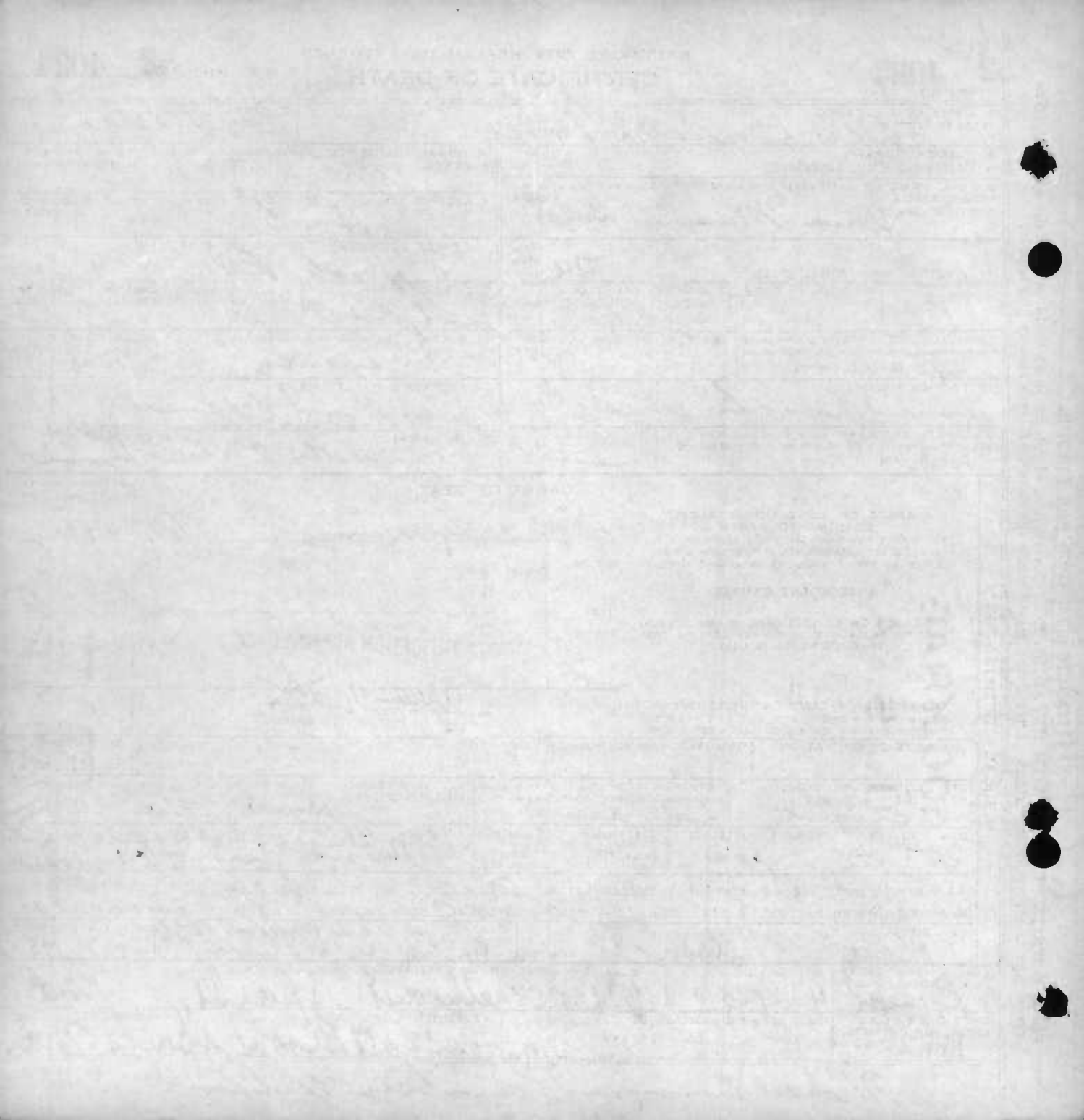
ADDRESS

Sparks, Md.

VS 150

Medical Examiner must countersign certificate

N-949.2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eve Hargis

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

416 N. Payson St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

416 N. Payson St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 11, 1895

9. AGE (In years
last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore City Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Gumpby

14. MOTHER'S MAIDEN NAME

Sarah Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Cassio Nock 416 N. Payson St.

ADDRESS

18.

442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

cardio renal vascular disease 14 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

diabetes mellitus

5 yrs.

19A. DATE OF OPERATION

1938

19B. MAJOR FINDINGS OF OPERATION

gastric Bladder disease

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.28, 1938 to 4.22, 1952, that I last saw the deceased alive on 4.22, 1952 and that death occurred at 9.50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Fair

M. D.

23B. ADDRESS

400 N. Connetquot Ave

23C. DATE SIGNED

4.25.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town or county)

Cocke Hill Md.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

APR 26 1952

24F. FUNERAL DIRECTOR

Mr. Katie R. Williams

ADDRESS

322 N. Schroeder St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4026BIRTH NO. 52 4026

1. NAME OF DECEASED (Type or Print) ADAM GIBBS			2. DATE OF DEATH April 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1821 Arunah Avenue		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1877	9. AGE (in years last birthday) 74	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab worker		10B. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Gibbs			14. MOTHER'S MAIDEN NAME Racheal ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Carl's Ham Arunah Ave. 1821		

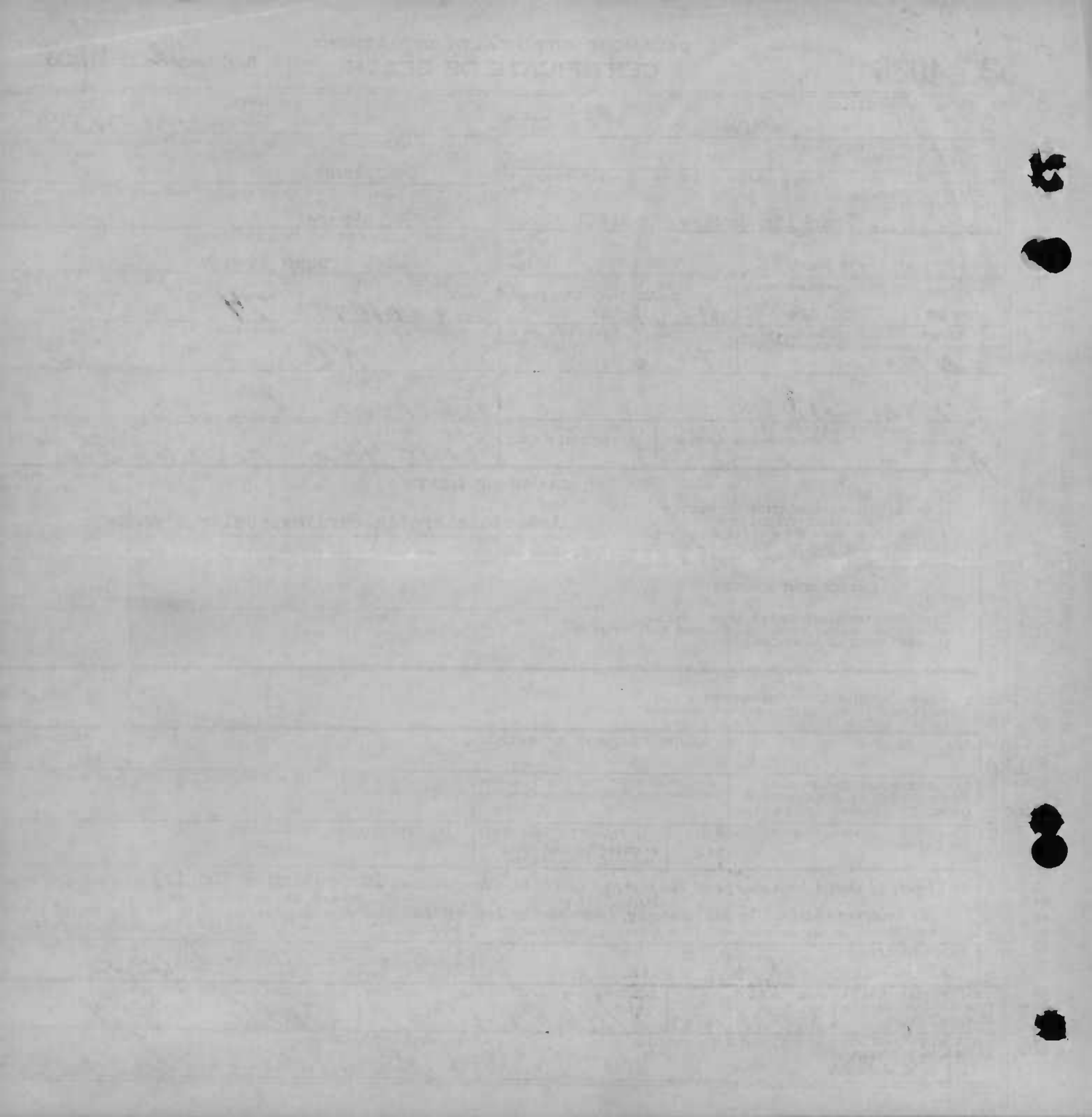
18. 4-23-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	INTERVAL BETWEEN ONSET AND DEATH
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley S. Dumlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED 4-23-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 26, 1952	24C. NAME OF CEMETERY OR CREMATORY St. Luke's Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1952		REGISTRAR'S SIGNATURE Hamington Williams	25. FUNERAL DIRECTOR Mrs. Kate R. Williams ADDRESS Schroeder St. 3221



CERTIFICATE CORRECTED 5/7/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4027

1. NAME OF DECEASED (Type or Print) MARY DELMAR STANSBURY		2. DATE OF DEATH April 26, 1952	
3. PLACE OF DEATH A. Baltimore City, Maryland <input checked="" type="checkbox"/> B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY CARROLL	
c. Length of stay in Baltimore Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster 56-41	
5. SEX Female		D. STREET ADDRESS (If rural, give location) R.F.D #4	
6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 12, 1906	9. AGE (in years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		11. BIRTHPLACE (State or foreign country) Ohio	
10B. KIND OF BUSINESS OR INDUSTRY —		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Arnold Bridges		14. MOTHER'S MAIDEN NAME Goldie Bridges Chipley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Blanche C. Stansbury		ADDRESS	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Generalized carcinomatosis DUE TO Carcinoma of the left breast with metastasis to liver, gastro-hepatic lymph nodes, pancreas and pancreatic nodes and also peritoneal and pleural implantation.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) metastasis to liver, gastro-hepatic lymph nodes, pancreas and pancreatic nodes and also peritoneal and pleural implantation. (C) nodes and also peritoneal and pleural implantation.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION —		19B. MAJOR FINDINGS OF OPERATION —	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/13 , 1952 to 4/26 , 1952 that I last saw the deceased alive on 4/26 , 1952 and that death occurred at 4:58 m., from the causes and on the date stated above.			
23A. SIGNATURE Laksh Bakhair		23B. ADDRESS Maryland General Hospital	
23C. DATE SIGNED 4/26/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/29/52	
24C. NAME OF CEMETERY OR CREMATORY Westminster		24D. LOCATION (City, town, or county) (State) Westminster Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR John R. Byers		ADDRESS Westminster	

5/7/52 ES

Handwritten notes, possibly a signature or initials, and some illegible text.

Handwritten text, possibly a date or reference number.

Handwritten notes at the bottom of the page, including a date "5/8/52" and some illegible text.

52 4028

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4028

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stonesifer, Mr Charles

2. DATE
OF
DEATH

26 April 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Pa. Frankland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Waynesboro

D. STREET ADDRESS (If rural, give location)

39 Clayton Ave

c. Length of stay in Baltimore

7

Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

8 Jan 1874

9. AGE (in years last birthday)

78

10. Under 1 Year

Months

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carriage Builder

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Abraham Stonesifer

14. MOTHER'S MAIDEN NAME

Sivilla Hesson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Same

18.

610X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Uremia (Hyponatremia & hyaline ureter)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Benign Prostatic Hypertrophy

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Apr, 1952 to 26 Apr, 1952 that I last saw the deceased alive on 26 Apr, 1952 and that death occurred at 5:50 m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. H. H. H.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Green Hill

24D. LOCATION (City, town, or county)

Waynesboro, Franklin Co. Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

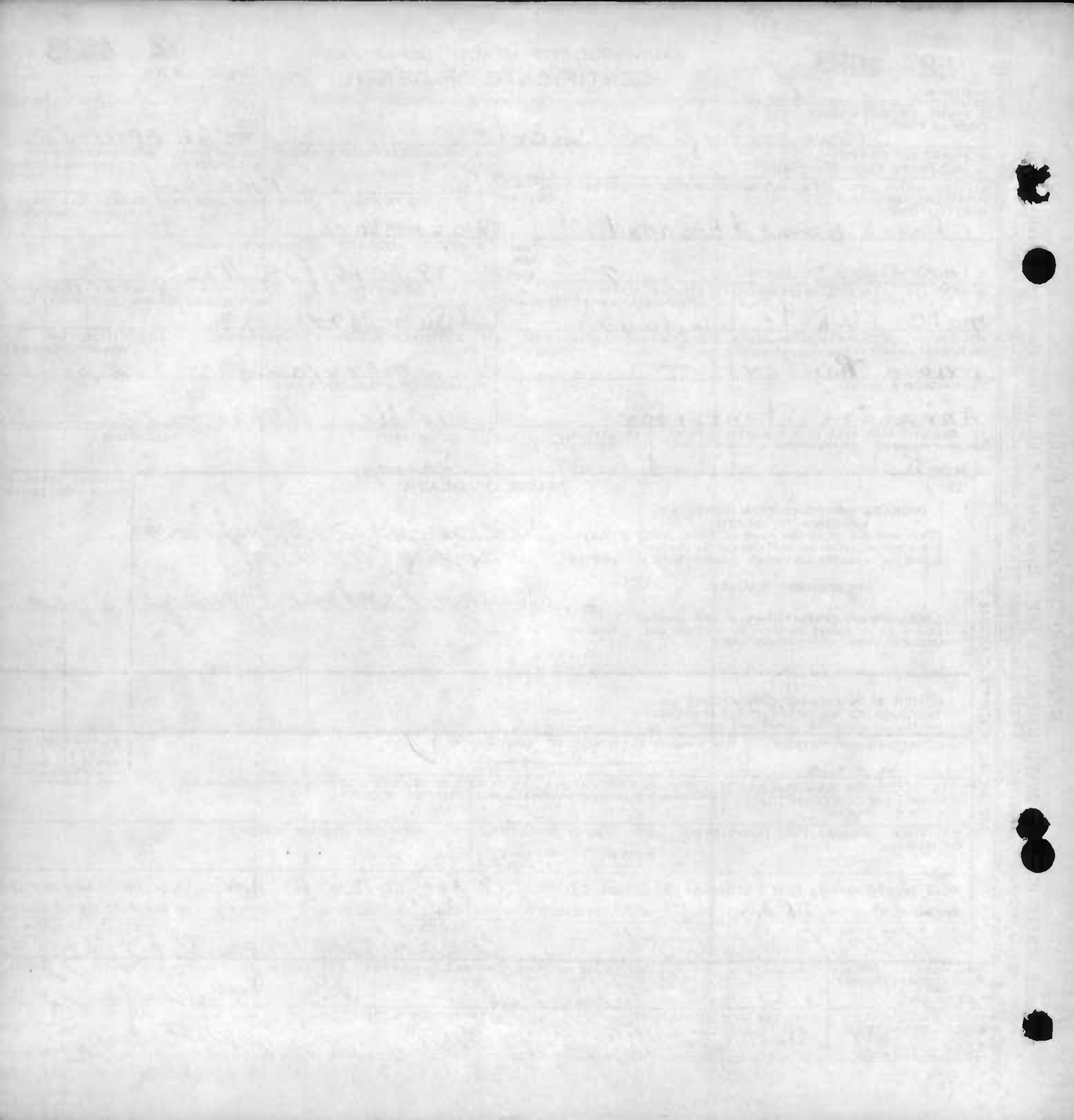
Walter J. Jones, Waynesboro, Pa.

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 4029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4029
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

SUTTON

2. DATE
OF DEATH April 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7 S. High Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)
60If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *Heart and 002x*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Pulmonary emphysema

(C) Pulmonary tuberculosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

III. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
April 9, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1952

Huntington Williams, M.D.

Commissioner of Health

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JOHN UNIVERSITY MEDICAL SCHOOL APR 21 1952

RECEIVED APR 2 1914

M-32-4

52 4030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4030
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

MITCHELL

2. DATE
OF DEATH April 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

40 Market Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Douglas H. Dunschee M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL APR 21 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1952

Huntington Williams, Jr.

Commissioner of Health

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEATH

APR 21 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-2-00

52 4031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

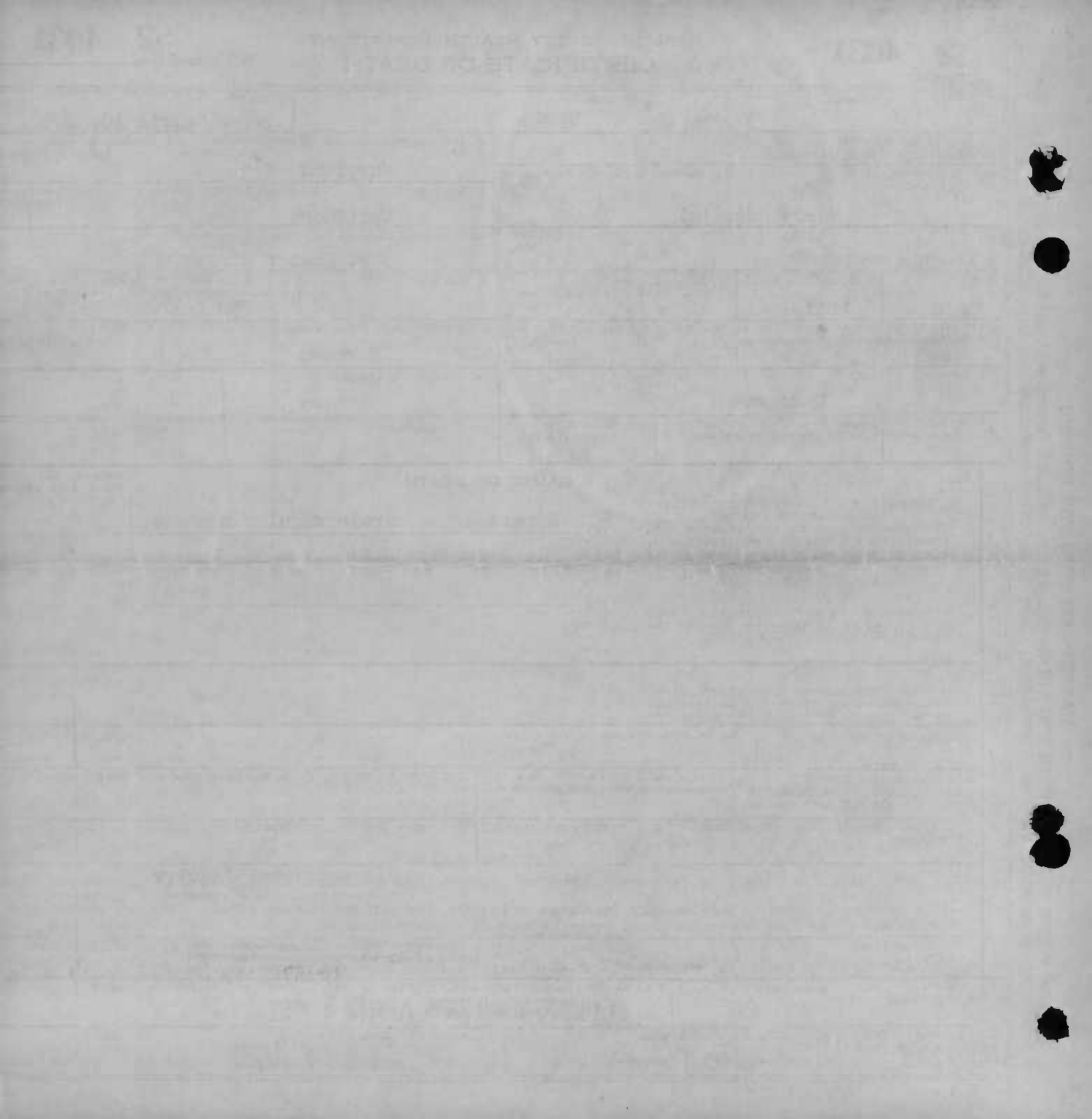
52 4031
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
JAMES HICKS			April 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			A. STATE Maryland B. COUNTY		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		
5. SEX Male			D. STREET ADDRESS (If rural, give location) 5 N. Exeter Street		
6. COLOR OR RACE White			8. DATE OF BIRTH		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday) 50		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Unknown		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Francis J. Januszewski			23B. CHIEF MEDICAL EXAMINER MEDICAL INVESTIGATOR		
23C. DATE SIGNED April 10, 1952					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE APR 15 1952			
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Commissioner of Health	
ADDRESS					

VS 151



S-332
S-242
52 4032STATE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4032

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Stahetka (Szlechotka)

2. DATE
OF
DEATH

march 28, '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Jail

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 10-3

D. STREET ADDRESS (If rural, give location)

No Home

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

? Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? Unknown

14. MOTHER'S MAIDEN NAME

? Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *Heart and 002X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocarditis**Few days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Pulmonary Tuberculosis*

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar. 11*, 1952 to *Mar. 28*, 1952, that I last saw the
deceased alive on *Mar. 28*, 1952, and that death occurred at *9 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank N. Oden

M. D.

*2701 N. Calvert St. - Mar. 29, '52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 15 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1952

*Huntington Williams, M.D.**Commissioner of Health*

VS 150

MARGIN RESERVED FOR BINDING

THE HOPKINS

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-30052
W-320

4033

52
4033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Wood (Woods)

2. DATE OF DEATH

4-10-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Maryland
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals
4940 Eastern Avenue

6. CITY OR TOWN
Baltimore

7. STREET ADDRESS (If rural, give location)
B. C. H. 4940 Eastern Avenue

8. LENGTH OF STAY IN BALTIMORE
38 yrs.

9. SEX
Male

10. COLOR OR RACE
White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

12. DATE OF BIRTH
Jan. 20, 1887

13. AGE (In years last birthday)
65

14. UNDER 1 Year
Months: Days

15. UNDER 24 Hours
Hours: Min.

16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

16B. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country)
D. C.

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME
John H. Wood

20. MOTHER'S MAIDEN NAME
Annie Siamon

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

22. SOCIAL SECURITY NO.

23. INFORMANT
Records: B. C. H. 4940 Eastern Avenue

24. ADDRESS

18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis & Myocardial Infarction
DUE TO
ANTECEDENT CAUSES
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

20. MAJOR FINDINGS OF OPERATION

21. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1949, to 4-10-52, that I last saw the deceased alive on 4-10-52, and that death occurred at 2:35P m., from the causes and on the date stated above.

23A. SIGNATURE
J. S. Rogers

23B. ADDRESS
4940 Eastern Avenue

23C. DATE SIGNED
4-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY
JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State)
APR 22 1952

25. FUNERAL DIRECTOR
Commissioner of Health

26. ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR
APR 27 1952

27. REGISTRAR'S SIGNATURE
Huntington Williams

VS 150

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATEMENT BY MEDICAL PERSONNEL
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death	
Physician's Signature		Physician's Title		Physician's License No.		Physician's State		Physician's City	
Medical Examiner's Signature		Medical Examiner's Title		Medical Examiner's License No.		Medical Examiner's State		Medical Examiner's City	
Coroner's Signature		Coroner's Title		Coroner's License No.		Coroner's State		Coroner's City	
Witness's Signature		Witness's Title		Witness's License No.		Witness's State		Witness's City	
Hospital's Signature		Hospital's Title		Hospital's License No.		Hospital's State		Hospital's City	
Nurse's Signature		Nurse's Title		Nurse's License No.		Nurse's State		Nurse's City	
Other's Signature		Other's Title		Other's License No.		Other's State		Other's City	

52 4034

52 4034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward McKee

2. DATE
OF
DEATH

3-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE before admission)

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5 N. Exeter St-5

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

March 26, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William McKee

14. MOTHER'S MAIDEN NAME

? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Heart Disease with
Congestive Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1952, to March 26, 1952, that I last saw the
deceased alive on Mar. 26, 1952, and that death occurred at 9PM m., from the causes and on the date stated above.

23A. SIGNATURE

B. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

4/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

APR 27 1952

VS 150

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNIVERSITY MEDICAL SCHOOL APR 22 1952

1-1-1950

RECEIVED

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

1-1-1950

52 4035

CERTIFICATE CORRECTED 6/4/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4035
Registered No.

BIRTH NO. 51-20986

1. NAME OF DECEASED
(Type or Print)

WALLACE S. TAPP

2. DATE
OF DEATH March 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 12-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

438 E. Lanvale Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

6 mo.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 053.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Strep. viridans

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
March 25, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremated

24B. DATE

April 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

City Morgue

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. Fisher

ADDRESS

Called medical examiner's office

6/2/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4036**BIRTH NO. **52 4036**
62-12366

1. NAME OF DECEASED (Type or Print) INFANT BROOKS			2. DATE OF DEATH March 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 217 N. High Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-02		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 217 N. High St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 31, 1952		9. AGE (in years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Davis			14. MOTHER'S MAIDEN NAME Jean Brooks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 76-0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxia due to aspiration of mucus (unattended birth)				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DOESX					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 31, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE April 14, 1952		24C. NAME OF CEMETERY OR CREMATORY City Morgue	
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR R. B. Fisher	
				ADDRESS	

Δ12.5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 4037

52 4037
BIRTH NO. 52-10587

1. NAME OF DECEASED (Type or Print) Baby Boy Potlack		2. DATE OF DEATH 4/26/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Sinai Hospital, Balto, Md. B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 27-18	
c. Length of stay in Baltimore 4 Yrs. 4 Mos. 4 Days		D. STREET ADDRESS (If rural, give location) 5346 Cuthbert Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4/23/52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 4 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME Morrin Potlack		11. BIRTHPLACE (State or foreign country) Balto Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) _____ (If yes, give war or dates of service) _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Ruth Teichman.	
17. INFORMANT Nathan Viskin M.D.		ADDRESS Sinai Hospital	

18. 5703 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis (A) _____ DUE TO _____ Intestinal Perforation (B) _____ DUE TO _____ Volvulus. (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 days.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity		
19A. DATE OF OPERATION 4/26/52	19B. MAJOR FINDINGS OF OPERATION 1 Volvulus, Perforation, Peritonitis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/23 , 19 52 , to 4/26 , 19 52 , that I last saw the deceased alive on 4/26 , 19 52 , and that death occurred at 2:40 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE Nathan Viskin	23B. ADDRESS Sinai Hospital M. D.	23C. DATE SIGNED 4/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-27-52	24C. NAME OF CEMETERY OR CREMATORY United Hebrew
24D. LOCATION (City, town, or county) Balto		(State) Md
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis
ADDRESS 2100 Cutland Pl		

WALLEY
CONDENSED
BROOK
VALLEY
CONDENSED

52 4038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4038

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine B. Bondard

2. DATE
OF
DEATH25th Apr 1952
4 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

10 Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Valley St 10-01

c. Length of stay in Baltimore

14 months

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5 March 1922

9. AGE (in years;
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter J. O'Brien

14. MOTHER'S MAIDEN NAME

Virginia Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

4 weeks

ANTECEDENT CAUSES

DUE TO

(B)

Arterio Sclerosis

5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1-1952, to April 25, 1952, that I last saw the
deceased alive on April 24, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall MD

M. D.

23B. ADDRESS

16318 North Ave

23C. DATE SIGNED

April 26-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Apr. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Rita Wiedefeld

ADDRESS

9006 Biddle St

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Veronica Groshans

2. DATE
OF
DEATH

Apr. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

418 Rosebank Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

418 Rosebank Ave

c. Length of stay in Baltimore

47

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

About 70 Yrs

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Albany, N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Werner

14. MOTHER'S MAIDEN NAME

Honora Plover

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Gertrude E. Mc Gurgan Pelham Manor N. Y.

18. 443x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ...
DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO

Hypertensive Cardiovascular Disease 10 years

(C) ...

INTERVAL BETWEEN ONSET AND DEATH

3 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 4, 1952 to April 20, 1952, that I last saw the deceased alive on Apr. 24, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1952

Huntington Williams, Jr. H. N. Meier & Son 805 N. Calvert St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *Non Rec*1. NAME OF DECEASED
(Type or Print)*Carl H. Buckthal*2. DATE
OF
DEATH*Apr. 26 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cowego -

D. STREET ADDRESS (If rural, give location)

536 - 5th Ave -

c. Length of stay in Baltimore

Yrs.
Mos.
Days*7*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Male**White**—*

8. DATE OF BIRTH

*5-23-48*9. AGE (In years,
last birthday)*4*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*none*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*New York*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Buckthal -

14. MOTHER'S MAIDEN NAME

*Mary Scull*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *754.4*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital heart disease

DUE TO

since birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anomaly of the pulmonary venous return

DUE TO

since birth

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/26/52

19B. MAJOR FINDINGS OF OPERATION

Anomaly of the pulmonary venous return

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr. 24, 1952* to *Apr. 26 1952* that I last saw the
deceased alive on *Apr. 26, 1952* and that death occurred at *2 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McLean

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*4/26/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5-1-1952

24C. NAME OF CEMETERY OR CREMATORY

Bethel Evangelical Cemetery, Freelandville, Ind.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR*APR 27 1952*

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John R. Moran

ADDRESS

3000 E. Baltimore St.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Paul D. B. [illegible]

234 212 Ave

234 212 Ave

CAUSE OF DEATH

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

100-100000

2 2
10 8

1. 1 to last

52 4042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4042
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

WESSEL

2. DATE
OF
DEATH April 26, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

8-05

D. STREET ADDRESS (If rural, give location)

1634 Cliftview Avenue

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
~~WIDOWED, DIVORCED~~ (Specify)

Married

8. DATE OF BIRTH

7/6/1891

9. AGE (in years
last birthday)

60

11 Under 1 Year
Months: Days Hours: Min.

9 20

10A. USUAL OCCUPATION (Give kind of
work done during the most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

Young & Seldon Co.

11. BIRTHPLACE (State or foreign country)

Carroll Co. Md.

13. FATHER'S NAME

Frank Wessel.

14. MOTHER'S MAIDEN NAME

Bessie Sennexby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Chas. O. Wessel 1433 N. Linwood Ave

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple fractures, lacerations, and
abrasions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Crushing injury of the chest

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Greenmount and Preston Streets

10/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4/25/52 11:30 P. m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMA-
TION-REMOVAL (Specify)

Burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Extended

DATE RECEIVED BY
LOCAL REGISTRAR

R28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

VS 151

N862.2

572 4M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8701

NO

THE UNITED STATES OF AMERICA

MADE IN

POWER BY BATTERY



52 4043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4043
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) EDWARD DOMANOWSKI (DOMANSKY)			2. DATE OF DEATH April 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Curtis Bay 25-05		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4216 Grace Court		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 16-1909	9. AGE (In years last birthday) 42	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jan Domanowski			14. MOTHER'S MAIDEN NAME Agatha Alkanowska		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Dewey B. Price 1113 Balafoxo Ave		

18. **E 925.6**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Asphyxia**DUE TO **hanging**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
lavatory21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Fayette & Fallsway - police building21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Found April 25, 1952 A.M.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Accidentally hanged self from bar in lavatory22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineacher M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
April 25, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
4/29/5224C. NAME OF CEMETERY OR CREMATORY
Holy Cross24D. LOCATION (City, town, or county) (State)
A. A. Co. Md.DATE RECEIVED BY LOCAL REGISTRAR
APR 28 1952REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
Wm. Port Inc. 1217 St. Paul St.

ADDRESS

VS 151

N991.0

685 30

While trying to climb
from one territory
to another thru
small opening -
standing place gave way
and he was caught
hanging there

52 4044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4044

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HELEN

R.

O'DONNELL

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

309 Ilchester Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/10/1904

9. AGE (In years

last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Keeper

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. O'Donnell

14. MOTHER'S MAIDEN NAME

Mary C. Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

John O'Donnell 729 1/2 E. Live

ADDRESS

18. E 970.8

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Demerol Poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

309 Ilchester Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4/25/52 4:30 P. M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

ingestion of demerol tablets

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

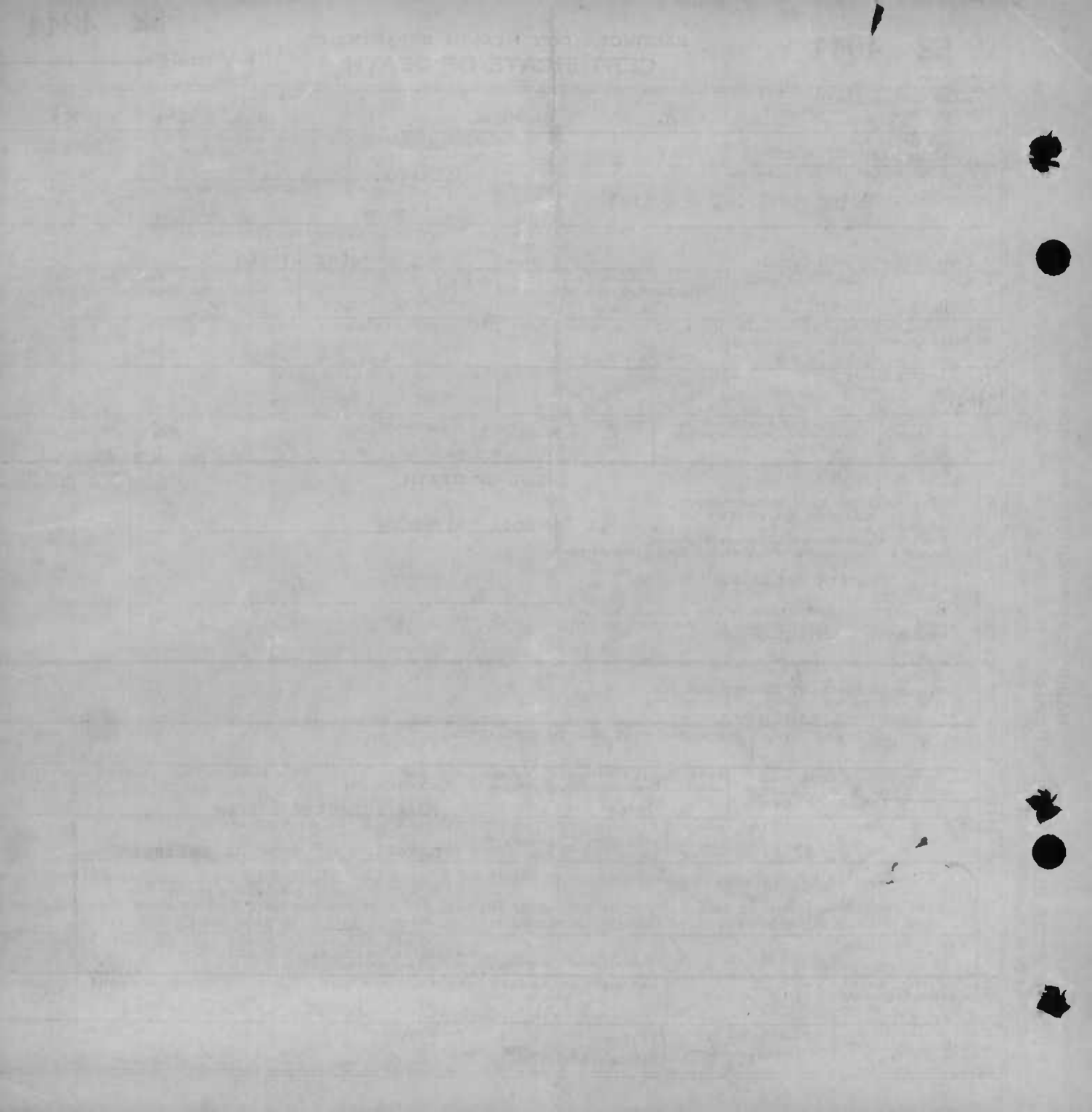
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Gore Inc. 1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 - 4045
Registered No.

52 4045
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY ROSENTHAL			2. DATE OF DEATH 4-27-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 4016 Mortimer Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-19		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4016 Mortimer Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH		9. AGE (In years last birthday) 62 10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PROF. Louis			14. MOTHER'S MAIDEN NAME Kennetta		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Reba Rosenthal - same ADDRESS		

<p>18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">CAUSE OF DEATH</p> <p>(A) Acute coronary infarction DUE TO</p> <p align="center">ANTECEDENT CAUSES</p> <p>(B) Degenerative cardio-vascular disease DUE TO</p> <p>(C)</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/14 , 19 52 , to 4/27 , 19 52 , that I last saw the deceased alive on 4/27 , 19 52 and that death occurred at 10:28 a.m., from the causes and on the date stated above.					
23A. SIGNATURE G. H. Hornstein		23B. ADDRESS 2048 Biddle St		23C. DATE SIGNED 4/28/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-28-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Jack Lewicki 2100 Lutar Pl

29064

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Houston

I-452

52 4046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4046

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ZELLINGER, MARY E.

2. DATE
OF
DEATH

25 April 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

26-05

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

716 S. Rappella St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Balto - 24 - rd

D. STREET ADDRESS (If rural, give location)

716 S. Rappella St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

3-21-99

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto - Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Heamer

14. MOTHER'S MAIDEN NAME

Z.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Phyllis Zellinger same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY ARTERIO SCLEROSIS

3-4 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSION.

5-10 yrs

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

HEMIPLEGIA; due to CVA 1 yr ago.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept, 1950, to April, 1952, that I last saw the
deceased alive on 16 Apr, 1952, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Drumm

M. D.

23B. ADDRESS

2722 E. Monument St

23C. DATE SIGNED

4/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 28 1952

Huntington Williams, M.D.

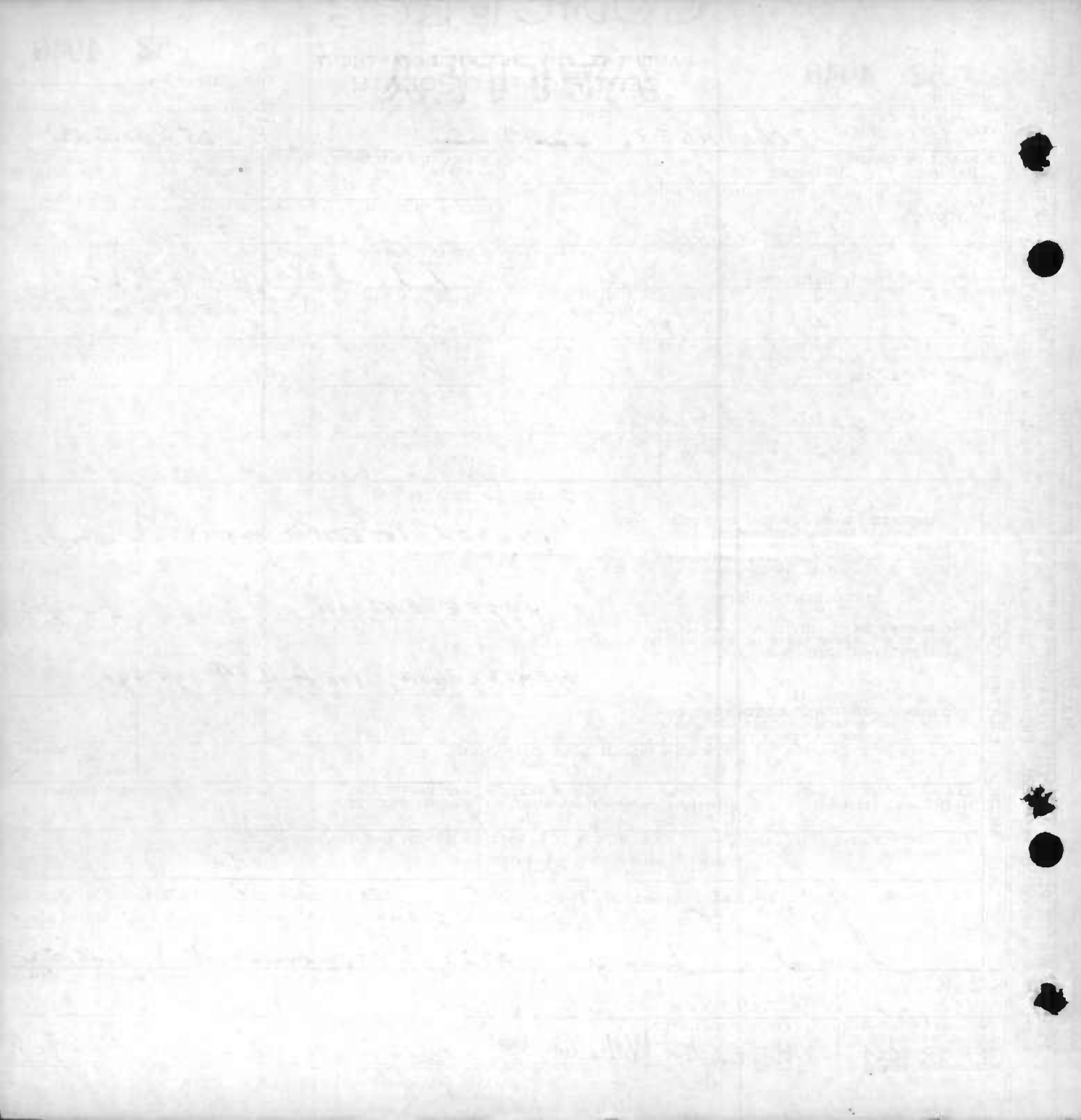
Lilly & Zeiler Co - 4032 Volpe St

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52

4-158077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4047
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick George Sahn

2. DATE
OF
DEATH

4-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospital
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE before admission)
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2121 E. Chase St. -13

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Sept. 27, 1870

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George (D)

14. MOTHER'S MAIDEN NAME

Margaret Harrman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Bladder & Hydronephrosis
& Hydro-Ureter and Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

4-25-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Bladder

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-52, 1952, to April 26, 1952, that I last saw the
deceased alive on April 26, 1952, and that death occurred at 1.05am., from the causes and on the date stated above.

23A. SIGNATURE

P. D. Hogan M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

4-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 29/52

24C. NAME OF CEMETERY OR CREMATORY

Moneland Memorial Pk. Co.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Miller 2334 Jefferson St.

APR 28 1952

52-25

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

1-1-1945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Victoria Lind White

2. DATE
OF
DEATH

APR 26 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland H & E.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Dorchester

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cambridge

D. STREET ADDRESS (If rural, give location)

717 Race St.

5913

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

4-12-1952

9. AGE (In years
last birthday)

X

If Under 1 Year
Months: Days: Hours: Mln.

14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John White

14. MOTHER'S MAIDEN NAME

Betty Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral damage

life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Subarachnoid Hemorrhage

11

(C)

Birth injury

11

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25-1952 to 4-26-1952 that I last saw the
deceased alive on 4-26-1952, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward W. Hylin

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/26/52

24C. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Pk

24D. LOCATION (City, town, or county)

Cambridge, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Le' Prompt Funeral Service

ADDRESS

Cambridge, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4118

15

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

52 4049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4049
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosanna M. Ellis

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1519 ENSOR ST.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 9-09

D. STREET ADDRESS (If rural, give location)

1519 ENSOR ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

June 18, 1977

9. AGE (In years
last birthday)

77

10. Under 1 Year

Months: Days

10 6

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerical Work

10B. KIND OF BUSINESS OR
INDUSTRY

Government Office

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Ellis

14. MOTHER'S MAIDEN NAME

Maria Ericsson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. E. J. McConnath

ADDRESS

1519 Ensor St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

2 hrs.

ANTECEDENT CAUSES

DUE TO

(B)

Hypertensive arteriosclerosis
of V disease

2 years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1951 to April 26, 1952 that I last saw the
deceased alive on April 24, 1952 and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. A. Drenser

23B. ADDRESS

1520 E. 33rd St.

23C. DATE SIGNED

4.26.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-29-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. W. Calkin

ADDRESS

924 E. Eager St.

APR 28 1952

VS 150

390 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Nn. Grenolper
1526 E. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4050

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Llewellyn D. Majors			2. DATE OF DEATH April 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 212 N. Kenwood Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 212 N. Kenwood Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1867	9. AGE (In years last birthday) 84	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Dept.		10B. KIND OF BUSINESS OR INDUSTRY U.S. Government	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Don't know			14. MOTHER'S MAIDEN NAME Aurille?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs. Anna Majors 212 N. Kenwood Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterioderotic Cardiovascular Disease - Chronic Myocarditis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. up leg	CAUSE OF DEATH (A) Anterioderotic Cardiovascular Disease - Chronic Myocarditis (B) up leg (C) _____	INTERVAL BETWEEN ONSET AND DEATH several yrs. Apr 25, 1952
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓
21D. TIME (Month) (Day) (Year) (Hour) ✓	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? ✓
22. I hereby certify that I attended the deceased from Nov. 6, 1951 to Apr 25, 1952 , that I last saw the deceased alive on 4-25, 1952 , and that death occurred at 4 A. m. , from the causes and on the date stated above.		
23A. SIGNATURE Huntington E. Little	23B. ADDRESS M. D. 10 W. Madison ST	23C. DATE SIGNED 4-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 28, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.	

Handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and includes words such as "Lithograph", "Lithography", and "Lithographic".

Handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and includes words such as "Lithograph", "Lithography", and "Lithographic".

M-432

52 4051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4051

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward A. Malwitz

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4616 St Thomas Ave

37 Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baito. City 26-02

D. STREET ADDRESS (If rural, give location)

4616 St Thomas Ave

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 4-1884

9. AGE (in years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lithographer

10B. KIND OF BUSINESS OR
INDUSTRY

Metal Decorating Co

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward A. Malwitz

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-07-0161

17. INFORMANT

ADDRESS

Mrs. Edna A. Malwitz 4616 St Thomas Ave

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

acute Cardiac Ischemia

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs

DUE TO

Ch Myocarditis

(B)

DUE TO

Ch. Myocarditis

(C)

Atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1950, to April 25, 1952, that I last saw the
deceased alive on April 25, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Standing

M. D.

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

April 27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baito

(State) Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 7401 Belair Rd.

APR 28 1952

VS 150

57143

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

D. HAYDING

3805 Balan R.

52 4052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4052
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. SMITH Sr.

2. DATE OF DEATH April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 21-02D. STREET ADDRESS (If rural, give location)
326 S. Poppleton Street

c. Length of stay in Baltimore 53

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1/5/1897

9. AGE (in years last birthday)

55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Printer10B. KIND OF BUSINESS OR INDUSTRY
B & O R.R.11. BIRTHPLACE (State or foreign country)
Hagerstown Md.12. CITIZEN OF WHAT COUNTRY?
USA13. FATHER'S NAME
William Smith14. MOTHER'S MAIDEN NAME
Helen Smith15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
yes World War I16. SOCIAL SECURITY NO.
-17. INFORMANT ADDRESS
Mrs. Grace S. Smith 326 S. Poppleton St.

18. E 976x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
BULLET WOUND OF HEAD

(A) Bullet wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
washroom21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
B & O Stationery Office
3141 Washington Boulevard21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 25, 1952 1:00 P. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Firearms22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.23A. SIGNATURE
Helen A. Ouellette

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
April 25, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
4/29/5224C. NAME OF CEMETERY OR CREMATORY
New Balto Natl Cem24D. LOCATION (City, town, or county) (State)
5301 Frederick AveDATE RECEIVED BY, LOCAL REGISTRAR
APR 28 1952REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
John J. CowanADDRESS
3001 N. Hollins

VS 151

N 853.4

51250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-01 S

RECEIVED BY THE POST OFFICE

S-01 S

RECEIVED BY THE POST OFFICE

1951

1951

1951

1951

1951



52 4053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4053

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Hasenei

2. DATE
OF
DEATH

4/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 417 S. Maderia St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

417 S. Maderia St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar 27, 1886

9. AGE (In years
last birthday)

66

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Dryer Box Factory

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Peter Hasenei

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Amelia Hasenei, 417 S. Maderia St.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Central Hemorrhage.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio Vascular Disease
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to April 25, 1952, that I last saw the
deceased alive on April 25, 1952, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

2711 Carter Ave.

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Eastern Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home

ADDRESS

VS 150

52347K 2601-03-05 E. Madison Street

MARGIN CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-100000

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-01 BY 60322 UCBAW

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George L. Myers.

2. DATE
OF
DEATH

4-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital Baltimore 9-05

c. Length of stay in Baltimore

Mrs.
Mos.
Days

807 Gorsuch Ave #18

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single.

8. DATE OF BIRTH

October 4, 1894 57

9. AGE (in years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Retail Food Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Myers.

14. MOTHER'S MAIDEN NAME

Lillie M. Pfeffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillie M. Myers - 807 Gorsuch Ave.

18. 430.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Subacute bacterial endocarditis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Left hydnephrosis due to ureteral obstruction (stone)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-12, 1952 to 4-26, 1952 that I last saw the deceased alive on 4-26, 1952 and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lillie M. Bakker

M. O.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

4/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

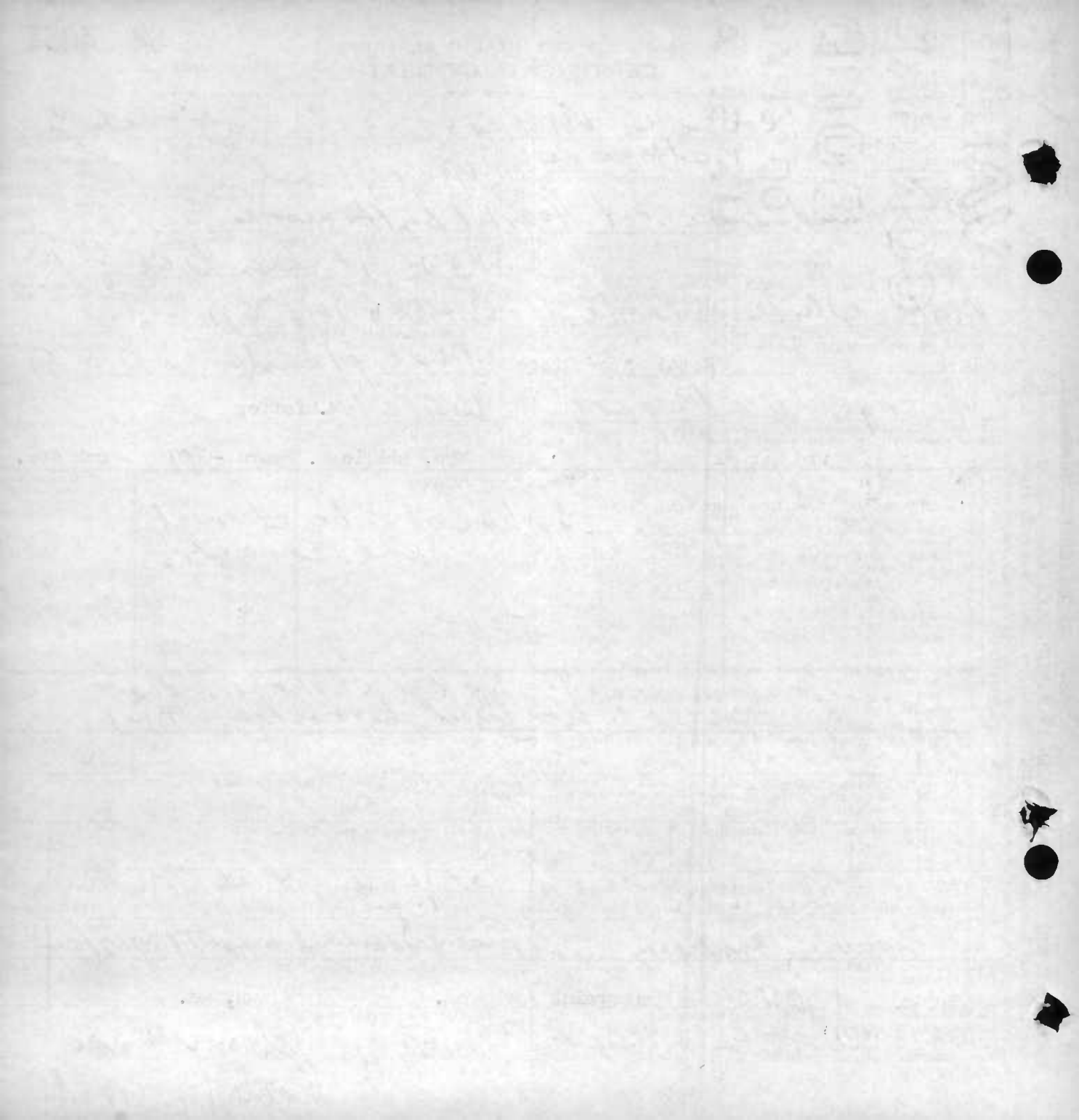
25. FUNERAL DIRECTOR

ADDRESS

APR 28 1952

Huntington Williams, M.D.

J. Lickner & Sons



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

600

52 4055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4055

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LILY

B. POWER

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 1312 Eutaw Place

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Apr. 5, 1869

9. AGE (in years
last birthday)

83

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John R. Greene

14. MOTHER'S MAIDEN NAME

Mary Jane Uhler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Raymond Kirlin - 1312 Eutaw Place

18. E970.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)

1312 Eutaw Place

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

April 26, 1952 10:00 AM

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingested overdose of barbiturate

22. I certify that I took charge of the remains described above, held an ~~Inspection~~ ~~Inquiry~~ thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Denecker M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

April 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Asbury Cem.

24D. LOCATION (City, town or county)

Reisterstown, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

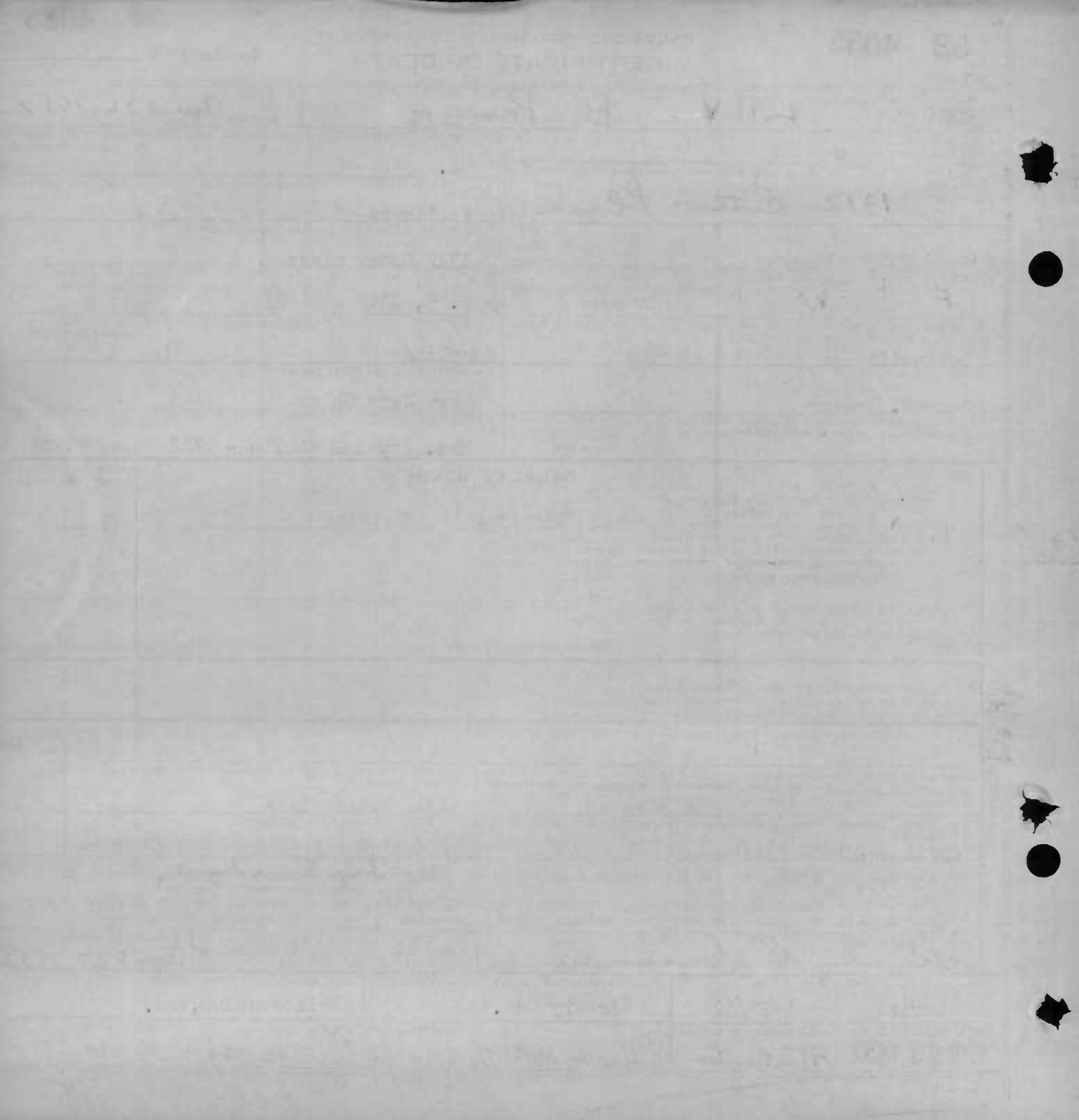
Wm. J. Lickner & Son

ADDRESS

VS 151

N-971.0

Bath 17 Md.



52 4056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

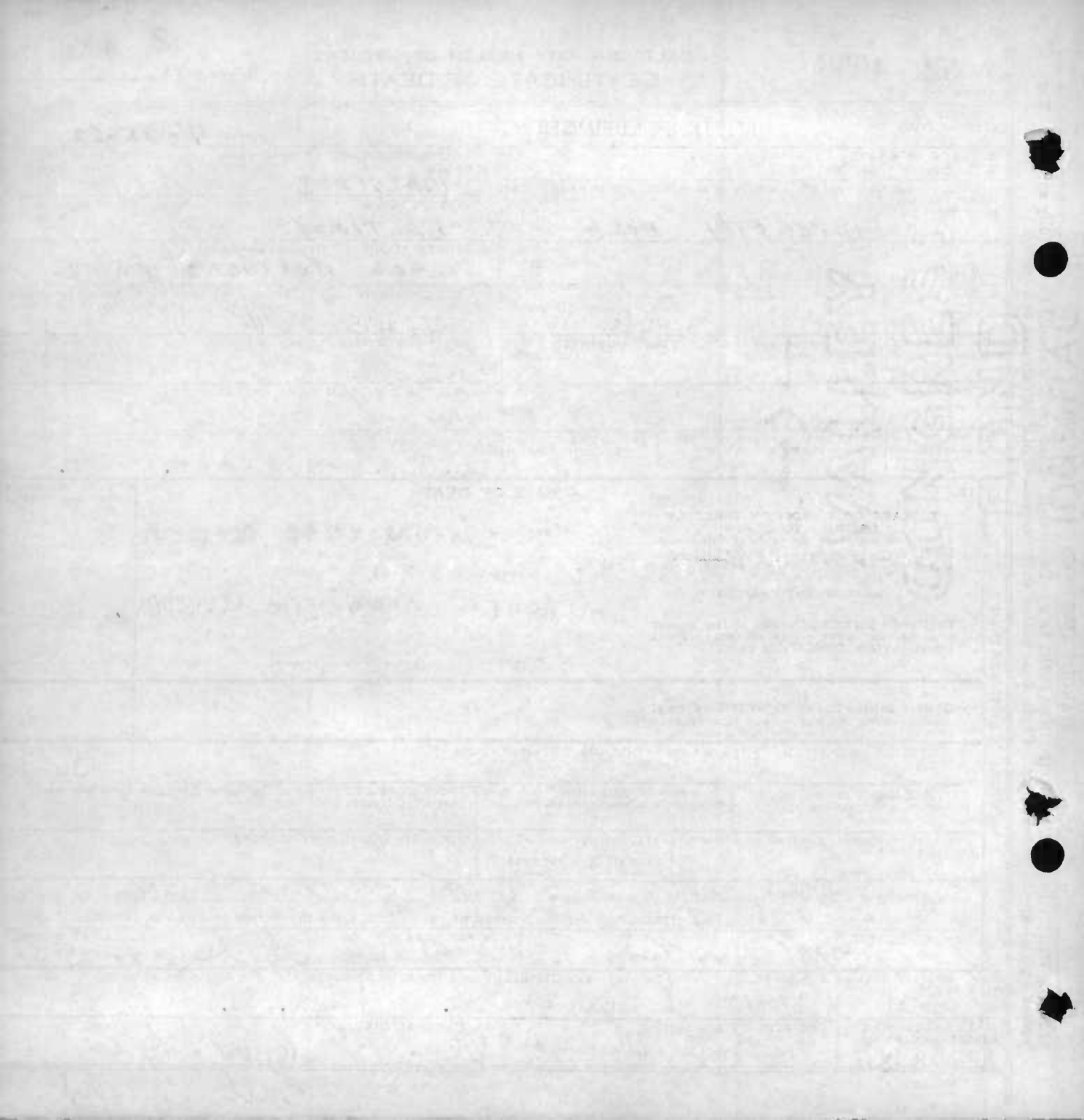
Registered No. _____

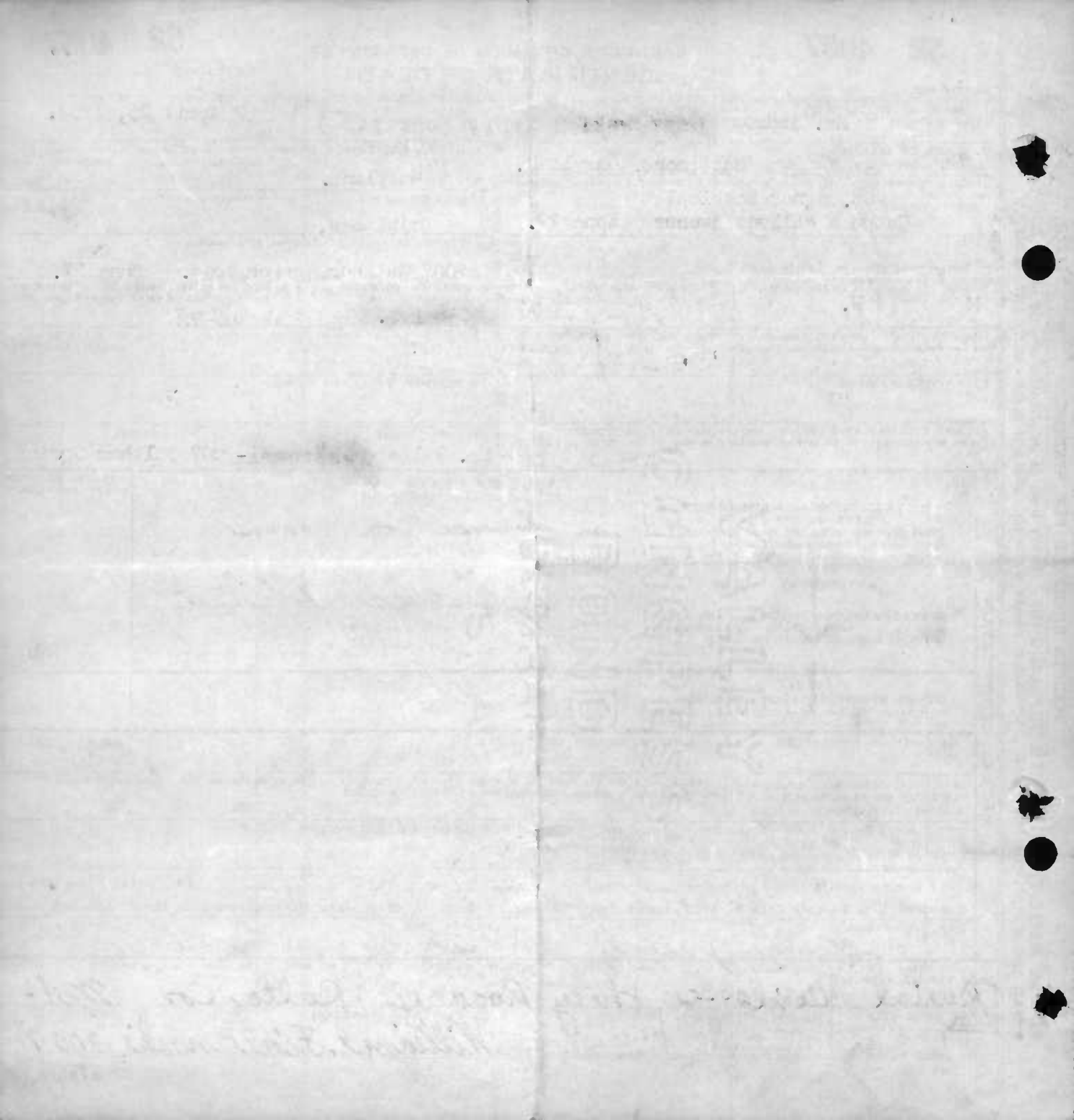
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LILLIE HENNIGHAUSEN			2. DATE OF DEATH 4-25-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND- B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-07		
C. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) 2906 NORTHERN PKWY.		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH May 18, 1875		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (rtd)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Rev. F.P. Hennighausen			14. MOTHER'S MAIDEN NAME Sarah Eva (?)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs. C. M. Harrison - 608 E. 41st St.			ADDRESS _____		

18. 204.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRO-VASCULAR ACCIDENT DUE TO ACUTE MONOCYTIC LEUKEMIA DUE TO ACUTE MONOCYTIC LEUKEMIA DUE TO ACUTE MONOCYTIC LEUKEMIA		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		_____

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 4-19-52 , to 4-25-52 , that I last saw the deceased alive on 4-25-52 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. P. Reeves, Jr.		23B. ADDRESS University Heights		23C. DATE SIGNED 4-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/28/52		24C. NAME OF CEMETERY OR CREMATORY London Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Balto., Md.		24F. LOCATION (City, town, or county) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons	
VS 150		ADDRESS Balto., Md.		_____	





Eastern Cm

0-1-151-11

52 4059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4059

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary Margaret Geist			2. DATE OF DEATH April 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2327 N. Charles St.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2327 N. Charles Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glyndon		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) Butler Road 5300		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25, 1872		9. AGE (In years, last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore City		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Martin Glorius			14. MOTHER'S MAIDEN NAME Mary G. -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Towson Mrs. Louis J. Stapf 92 Dunkirk Rd.		

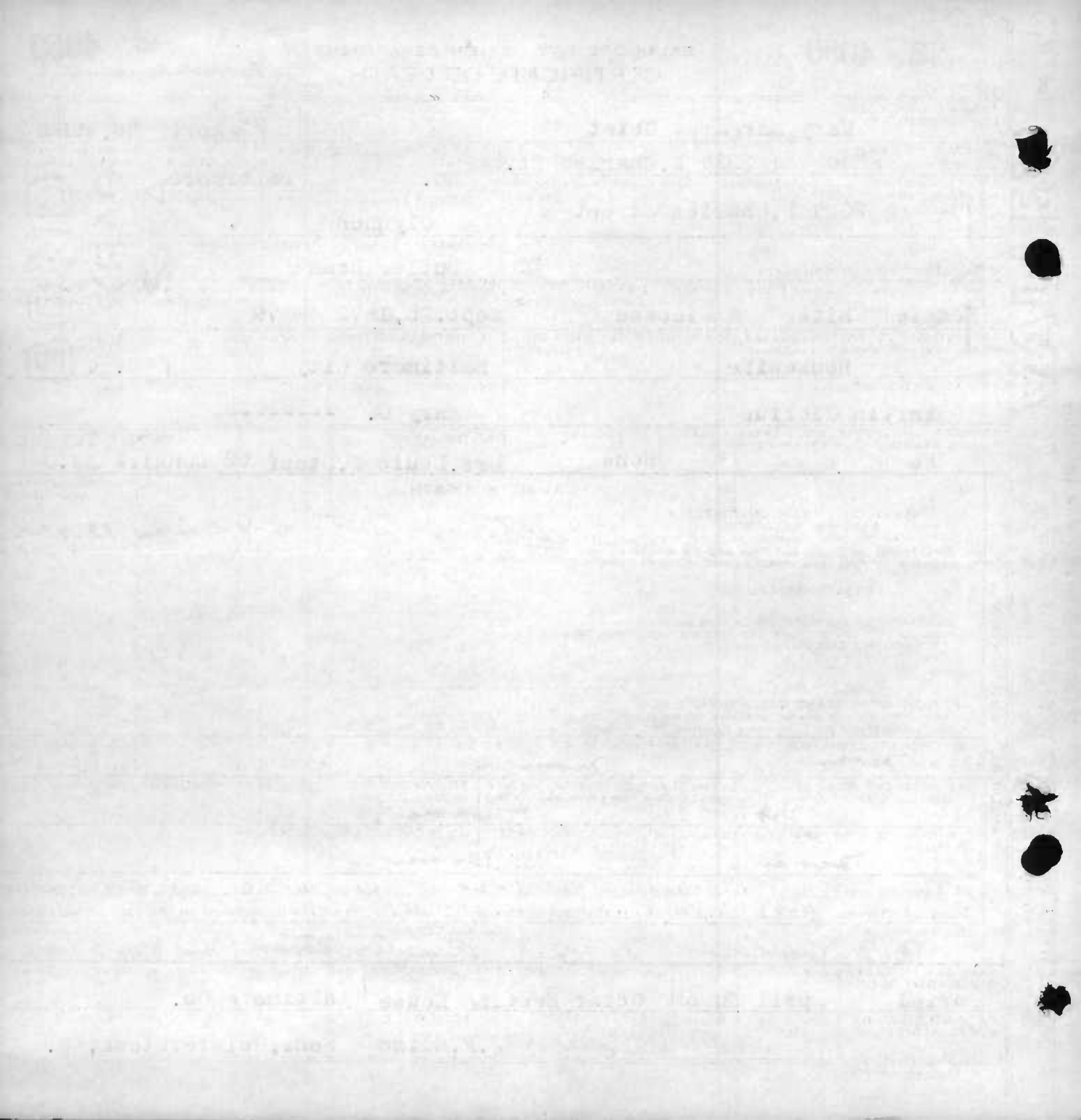
MEDICAL CERTIFICATION

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic C.-V. Disease 12 yrs. DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 6-20 , 19 48 , to 4-26 , 19 52 , that I last saw the deceased alive on 4-25 , 19 52 , and that death occurred at 7:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE D. D. Caples		23B. ADDRESS Reisterstown, Md.		23C. DATE SIGNED 4-27-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 30/52		24C. NAME OF CEMETERY OR CREMATORY Geist Meeting House		24D. LOCATION (City, town, or county) (State) Baltimore Co.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. F. Eline & Sons		ADDRESS Reisterstown, Md.	

APR 28 1952



52 4060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4060

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Vestis*2. DATE
OF
DEATH*Hagan*
4-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*1617 E. Clifton Ave*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Painter*10B. KIND OF BUSINESS OR
INDUSTRY*for self*

11. BIRTHPLACE (State or foreign country)

*Rock Mount, N.C.*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

John Hagan

14. MOTHER'S MAIDEN NAME

*Vida Hagan*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Bessie Hagan 1617 Clifton Ave*18. *180X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO*Cancer of Rt kidney*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from *12-17, 1952* to *4-27, 1952*, that I last saw the
deceased alive on *4-26, 1952* and that death occurred at *7:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 28 1952**Huntington Williams, M.D.**Samuel W. Sullivan, Jr.*

VS 150

*56424**1011 N. Huntington Ave*MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1915

1915

SC

1915

1915

1915

1915

1915

CAUSE OF DEATH

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

5-315

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TO BE COUNTERSIGNED BY THE MEDICAL EXAMINER'S OFFICE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4061
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stevens, Maria

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #1

11-02

D. STREET ADDRESS (If rural, give location)

1435 N. Charles Street

C. Length of stay in Baltimore

40 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1872

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Brazil

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Archie Stevens 1435 N. Charles St.

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypostatic pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) 1st & 2nd. degree burns, 20% of

body surface

(C) Hemiplegia, right

CERTIFICATION APPROVED BY

M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1435 N. Charles St. 11/2

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3-11-52.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Burned while smoking in bed.

22. I hereby certify that I attended the deceased from March 21, 1952, to April 26, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

BRB/Elzer

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

April 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY (If outside Baltimore City, give location) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

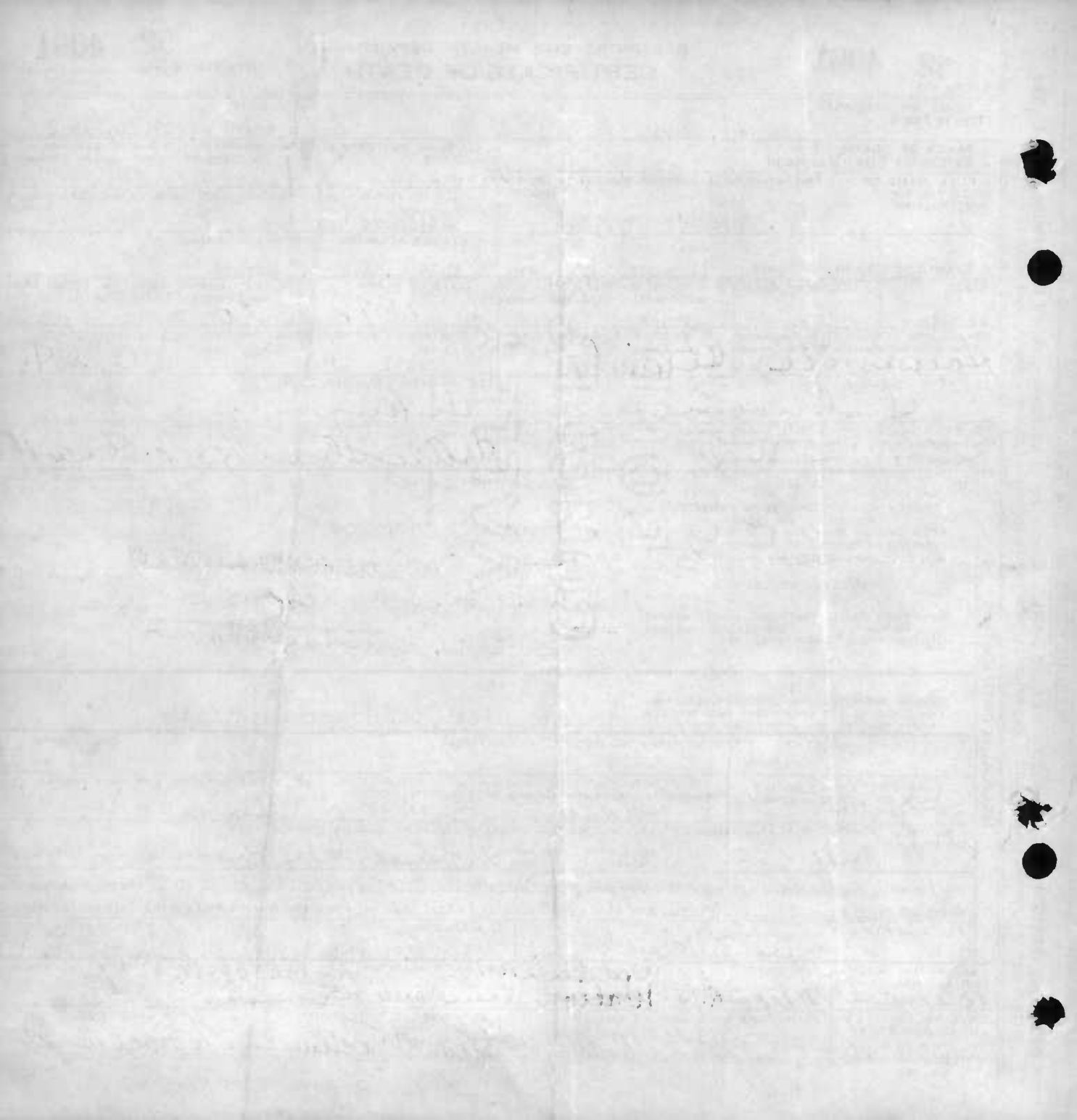
APR 28 1952

Huntington Williams

1100 N. Caroline Street

VS 150

N949.2



52 4062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4062

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL F. W. ALTVATER

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

327 S. Newkirk Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 17, 1904

9. AGE (in years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Altvater

14. MOTHER'S MAIDEN NAME

Elizabeth Gehb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-05-3000

17. INFORMANT 327 S. Newkirk Street
Mrs. Alyce Altvater

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS INC.
BALTO., 13, Md.

ADDRESS

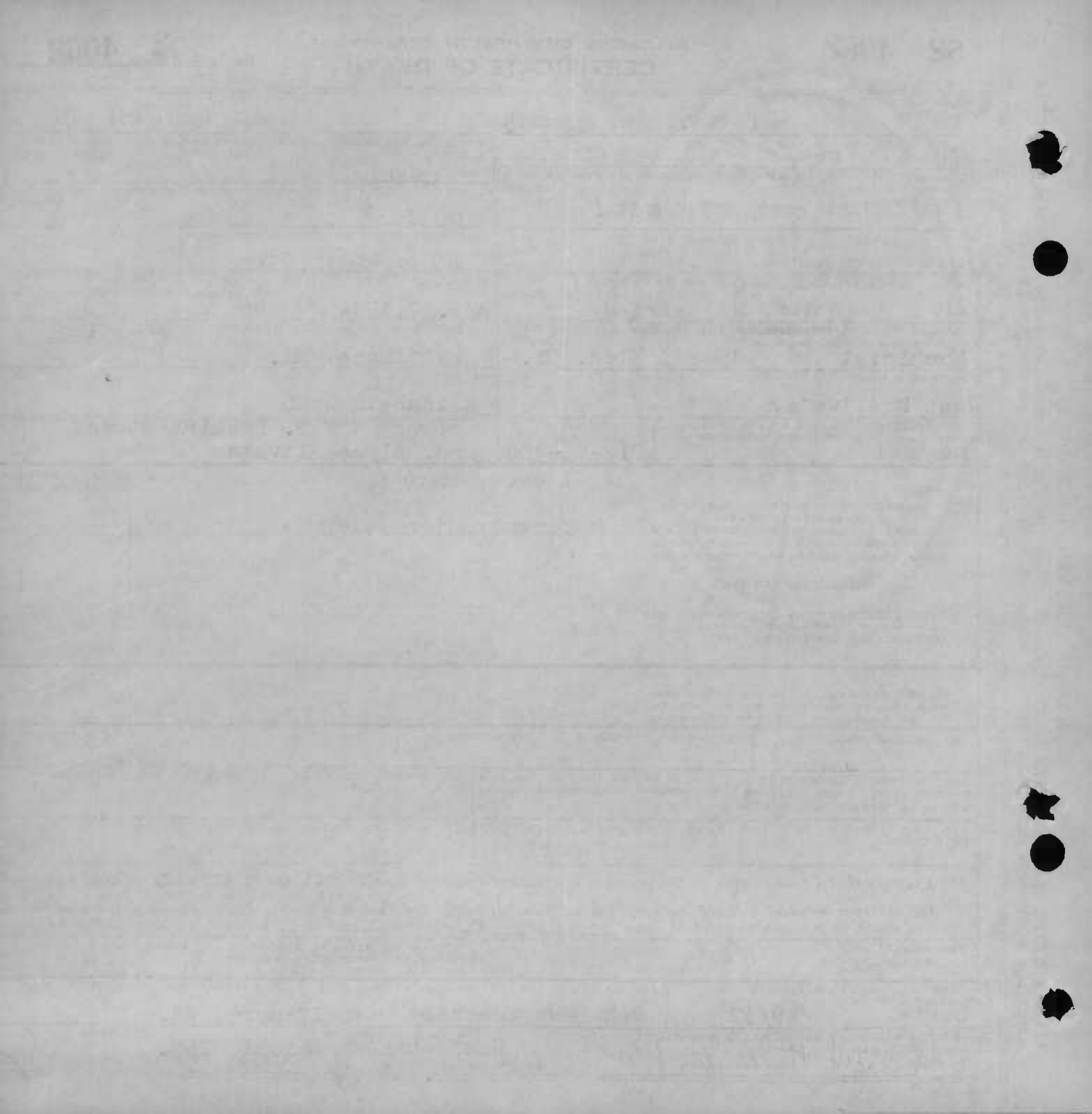
327 S. Newkirk Street

VS 151

5445E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 4063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4063

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith May Shipley

2. DATE
OF
DEATH

4-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

27-02

D. STREET ADDRESS (If rural, give location)

3012 Beverly Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-10-1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Gentry

14. MOTHER'S MAIDEN NAME

Augusta Greenly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none17. INFORMANT 3012 Beverly Road
Daughter - Mrs. J. Richard Dorsey

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) myocardial failure
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) coronary thrombosis &
myocardial infarction
DUE TO

10 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-1952 to 4-28-1952, that I last saw the
deceased alive on 4-28-1952, and that death occurred at 7:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

4-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Grove Church Cemetery

24D. LOCATION (City, town, or county)

Aberdeen, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Sey. R. Beach

DECLASSIFICATION AUTHORITY
DECLASSIFICATION OF RECORDS

1. The following records are being declassified in accordance with the provisions of the Executive Order on the subject of "General Declassification of Records of the Federal Government" (E.O. 11652, 38 FR 12909, 1973) and the provisions of the Executive Order on the subject of "General Declassification of Records of the Federal Government" (E.O. 11652, 38 FR 12909, 1973).

2. The records are being declassified in accordance with the provisions of the Executive Order on the subject of "General Declassification of Records of the Federal Government" (E.O. 11652, 38 FR 12909, 1973) and the provisions of the Executive Order on the subject of "General Declassification of Records of the Federal Government" (E.O. 11652, 38 FR 12909, 1973).

3. The records are being declassified in accordance with the provisions of the Executive Order on the subject of "General Declassification of Records of the Federal Government" (E.O. 11652, 38 FR 12909, 1973) and the provisions of the Executive Order on the subject of "General Declassification of Records of the Federal Government" (E.O. 11652, 38 FR 12909, 1973).

534
52 4064

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gentile, Grace

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #18

D. STREET ADDRESS (If rural, give location)

2796 Alameda Blvd.

C. Length of stay in Baltimore

40 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 6, 1889

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Giarizzi

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Christine Bartgis, 1506 Edison Hwy

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive failure

DUE TO

(C) Renal failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 25, 1952 to April 28, 1952, that I last saw the deceased alive on April 28, 1952, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

April 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-1-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4065**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE

LEWIS

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2819 W. NORTH AVE.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

D. STREET ADDRESS (If rural, give location)

2819 W. North Avenue

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3/22/1920

9. AGE (In years
last birthday)

32

If Under 1 Year
Months; Days

If Under 24 Hours
Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SILK FINNISHER

10B. KIND OF BUSINESS OR
INDUSTRY

FIELD CLEANERS

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES N. TUNSTALL

Md.

DRY CLEANING

14. MOTHER'S MAIDEN NAME

VIOLA J. YOUNG

Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT **2819** ADDRESS

WILLIAM R. LEWIS, W. NORTH AVE.

18. **171X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Carcinoma of the cervix of the uretus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Dunsen M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS CEMETERY

24D. LOCATION (City, town, or county)

ARBUTUS

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WILLIAM A JACKSON

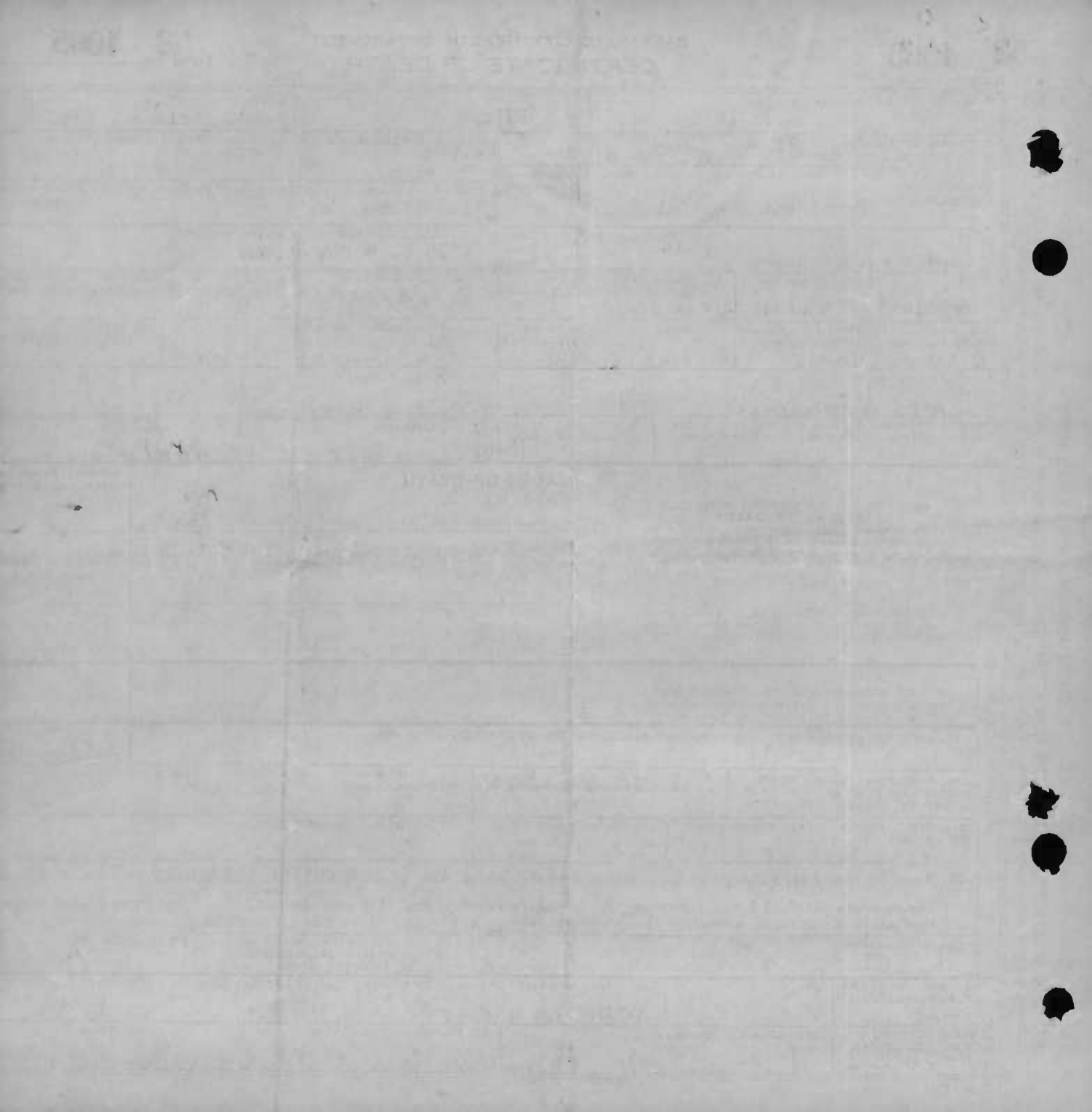
ADDRESS

916 PENNA. AVE.

V S 151

643.8C

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4066

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Hargrove.

2. DATE
OF
DEATH

4-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

Maryland General Hospital.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

915 St Barnabas Court

C. Length of stay in Baltimore

36

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 5, 1890

9. AGE (in years
last birthday)

61

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen work

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Haywood Hargrove.

14. MOTHER'S MAIDEN NAME

Della Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gen Hargrove 915 St Barnabas Ct.

18. E910.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intra cerebral Hemorrhage.

DUE TO

60 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral contusion (Head injury)

DUE TO

CERTIFICATION APPROVED BY

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cerebrovascular Disease

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

March 24 1952

19B. MAJOR FINDINGS OF OPERATION

Intra cerebral Hemorrhage with softening

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

at work

21C. WHERE DID (If in Baltimore City, give exact location)

INJURY OCCUR? 1022 St. Baltimore North Brewery

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 27 1952 m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Boards of scaffolds hit head.

22. I hereby certify that I attended the deceased from March 11, 1952, to April 26, 1952, that I last saw the
deceased alive on April 26, 1952, and that death occurred at 9:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank D. Hauber.

23B. ADDRESS

Md. Maryland General Hospital

23C. DATE SIGNED

4-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/1/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William A. Jackson

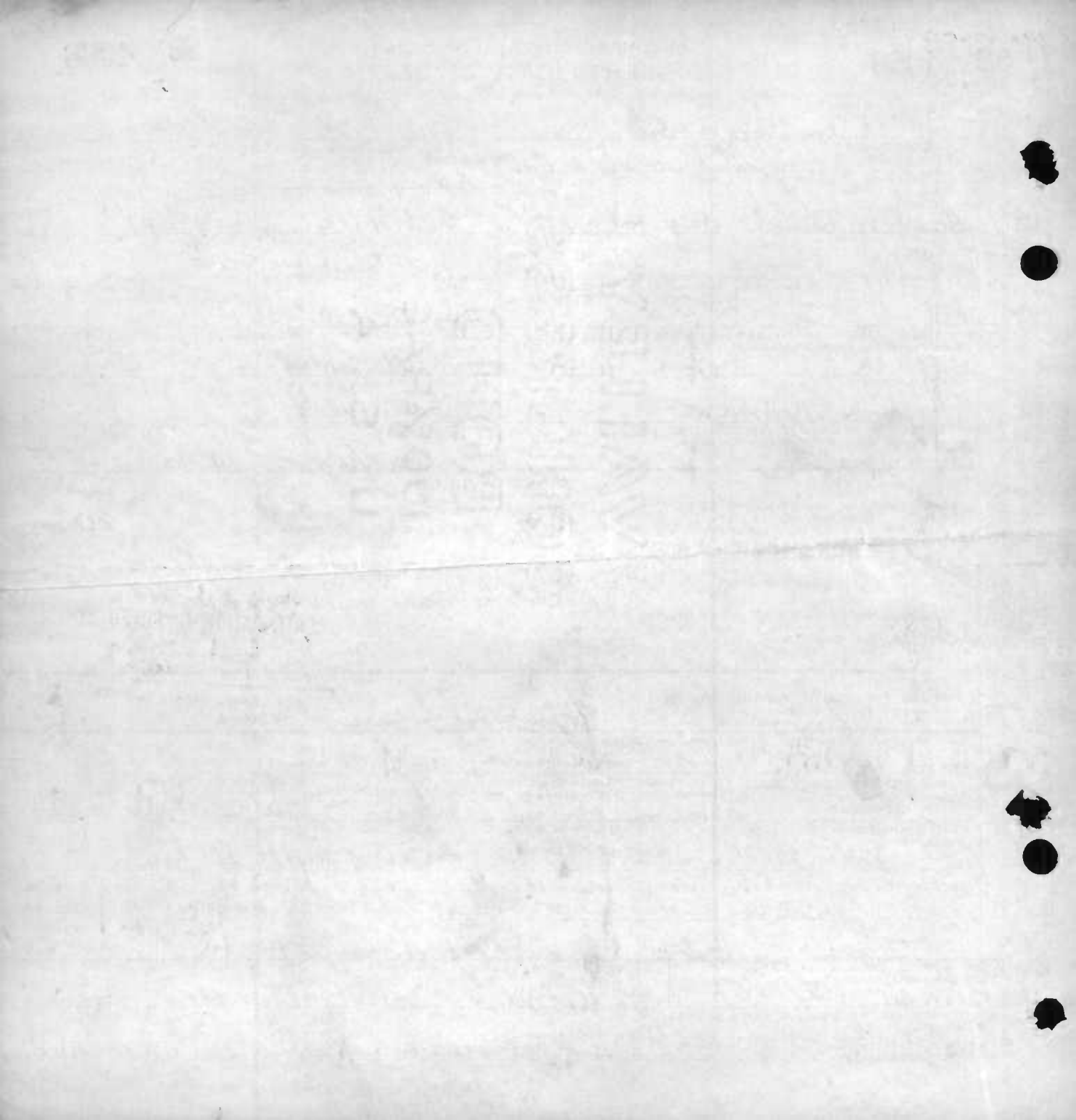
ADDRESS

916 JACKSON PENNA. AVE.

VS 150

N 853.2

97099



CERTIFICATE CORRECTED 5-14-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4067
4-25-52

BIRTH NO. 52 4067

1. NAME OF DECEASED
(Type or Print)

Eisel Daniels

2. DATE
OF
DEATH

4/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

514 Edmonson ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

22

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

514 Edmonson ave

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-7-1910

9. AGE (in years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

U.S.A.R.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Stephen Daniels

N.C.

14. MOTHER'S MAIDEN NAME

Beulah Goddard. N.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. War 2 - U.S.A.R.

16. SOCIAL
SECURITY NO.

215-01-5185

17. INFORMANT

Iris M. Daniels

ADDRESS

457 Edmonson ave

18.

002X

CAUSE OF DEATH

1058 W. Ray

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Tuberculosis, pulmonary

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Malnutrition

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/10/52, 19, to 4/25/52, 19, that I last saw the
deceased alive on 4/24/52, 19, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Iris M. Daniels

M. D.

23B. ADDRESS

253 Cox St

23C. DATE SIGNED

4/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

SHIPPED

24B. DATE

4/25/52

24C. NAME OF CEMETERY OR CREMATORY

WILLIAMSTON CEM

24D. LOCATION (City, town, or county)

WILLIAMSTON, NORTH CAROLINA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WILLIAM A JACKSON, PENNA. AVE.

ADDRESS

Records - Baltimore C H D - Bureau Nursing

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4068**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAMILLA J. THIEL

2. DATE
OF
DEATH

APR. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

737 N. Patterson Park Ave

C. CITY OR TOWN

Baltimore

7-03

D. STREET ADDRESS (If rural, give location)

737 N. Patterson Park Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 4, 1864

9. AGE (in years
last birthday)

87

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Schubert

14. MOTHER'S MAIDEN NAME

Josephine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Camilla Foxwell, 323 N. Robinson

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A)

**Broncho-Pneumonia
Bronchitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

**coronary occlusion
coronary disease**

DUE TO

(C)

arterio-sclerotic cardio-vascular disease

INTERVAL BETWEEN
ONSET AND DEATH

**2 days
1 week**

**1 hour
unknown**

unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of neck (left femur) 7 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

19 45

21E. INJURY OCCURRED

WHILE AT
WORK

NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

Fall

22. I hereby certify that I attended the deceased from **OCT. 26, 1951** to **April 25, 1952**, that I last saw the deceased alive on **April 24, 1952** and that death occurred at **5:45 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Philibert Artigiani

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

4/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

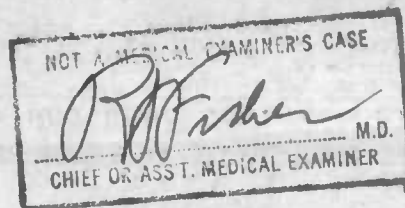
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard, J. Ruck, 5305 Harford Road.

Dr. Artigiani
2942 E. Fayette St.
2305 May Field



Certified a true copy of
the original record of this case
on file at the office of the
Chief Medical Examiner-State
of Maryland.

Signed _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4069**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Bell Spears*2. DATE
OF
DEATH*April 25, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*1937 Booth St.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto.**20-03*

D. STREET ADDRESS (If rural, give location)

1937 Booth St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

*May 6, 1904*9. AGE (In years
last birthday)*47*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*A. A. Co. Md.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

John Brown

14. MOTHER'S MAIDEN NAME

*Matilda Branford*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

Eimer Spears

ADDRESS

1937 Booth St.

18.

443x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Hypertensive Cardio
vascular Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*6 months*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/5* 19*51* to *4/65*, 19*52*, that I last saw the
deceased alive on *4/25*, 19*52*, and that death occurred at *9:45* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Huntington

23B. ADDRESS

110 N. G. Avenue

23C. DATE SIGNED

*4/12/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Apr 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

W. H. Allman Cem. Balto.

24D. LOCATION (City, town, or county)

*Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

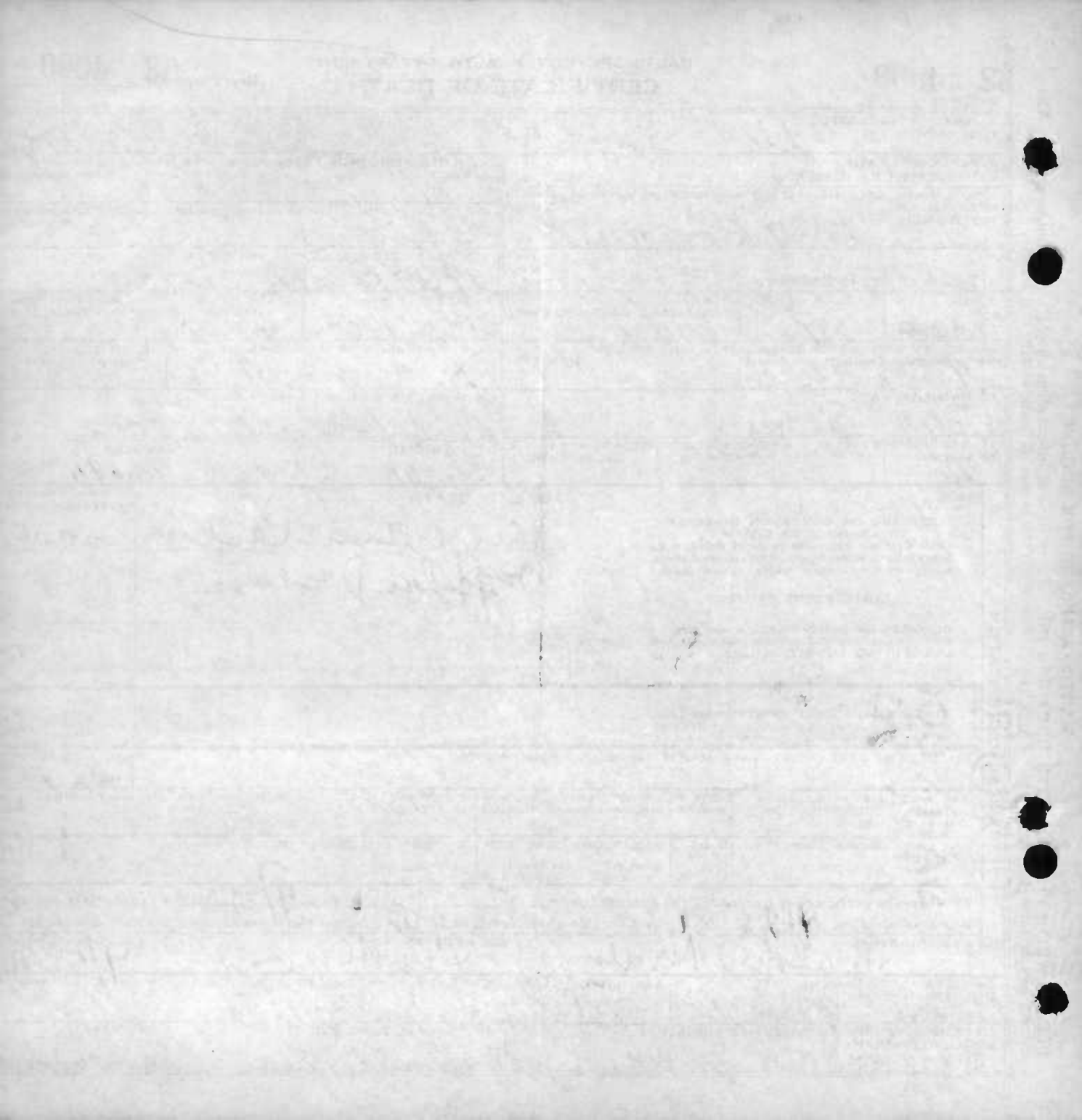
Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schenck St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4070**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES Edward JOHNSON

2. DATE OF DEATH **April 25, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write rural and give township)
Ba/to.

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1036 W. Fairmont Ave.

5. SEX
Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
March 7, 1878

9. AGE (In years, last birthday)
74

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10B. KIND OF BUSINESS OR INDUSTRY
B.O.R.R.

11. BIRTHPLACE (State or foreign country)
Chester town Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Robert Johnson

14. MOTHER'S MAIDEN NAME

Anna Blato

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
717-07-0589

17. INFORMANT

Anna Sheppard ADDRESS **1036 W. Fairmont Ave.**

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Dineen

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Katie R. Williams

ADDRESS

322 N. Snowden St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4071

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN T WATTS

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3706 Taylor Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3706 Taylor Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 21, 1868

9. AGE (in years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe Brewery

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian E. Spahn 3706 Taylor Ave.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis, generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis, Cerebral

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1951, to April 26, 1952, that I last saw the
deceased alive on April 26, 1952, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Swartz

M. D.

23B. ADDRESS

3601 Ailsa Ave.

23C. DATE SIGNED

4/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 28 1952

Huntington Williams, Jr.

Paul E. Schenck 3615-17 Chestnut Ave.

3601 Asana

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER BEACH JR.

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Balt. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-08

c. Length of stay in Baltimore

1 1/2

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

619 Battlet Ave #15

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 30, 1907

9. AGE (in years last birthday)

44

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

postal clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter Sr.

14. MOTHER'S MAIDEN NAME

Edna Haymes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife

ADDRESS

18. 550.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pyelophlebitis

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Acute pyelonephritis

4 days

(C) DUE TO

appendicitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/22/52

19B. MAJOR FINDINGS OF OPERATION

Acute pyelonephritis Appendicitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/1952 to 4/27/1952, that I last saw the deceased alive on 4/27/1952 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Vermeire MD

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

4/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/1/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Paul C. Schramm 565-1113 Chestnut Ave

ADDRESS

APR 28 1952

199-1114
EQUINO

GOVERNMENT
OFFICE

7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GET MEDICAL EXAMINER'S APPROVAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4073

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CIARA B. GREGORY

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3701 Greenmount Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3701 Greenmount Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 12, 1856

9. AGE (In years
last birthday)

95

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hays Marsden

14. MOTHER'S MAIDEN NAME

Eliza Elton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS
Miss Roselle Grey Horpel - 3701 Greenmount Ave.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) GENERALIZED ARTERIOSCLEROTIC
DISEASE

sev yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to April 26, 1952, that I last saw the
deceased alive on not seen, 19, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth Cole

M. D.

23B. ADDRESS

2431 Maryland Avenue

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

24m. J. Tichenor & Sons

ADDRESS

Balto. 17, Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery	
Signature of Funeral Home		Signature of Undertaker	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

Handwritten signature

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4074**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHILLIP LORIS			2. DATE OF DEATH 4/25/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1024 E Fort Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 yrs			D. STREET ADDRESS (If rural, give location) 1024 E. Fort Ave		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/8/1875		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER			11. BIRTHPLACE (State or foreign country) HUNGARY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN LORIS			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 213-10-8193		17. INFORMANT JOSEPH LORIS
					ADDRESS 1024 E. FORT AVE

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of stomach			INTERVAL BETWEEN ONSET AND DEATH 2/5/52		
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4/29/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/5/52 to 4/25/52 , that I last saw the deceased alive on 4/24/52 , and that death occurred at 7 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Liebel		23B. ADDRESS 1226m Hanover Street		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/29/52		24C. NAME OF CEMETERY OR CREMATORY LOU DON PARK CEM.	
24D. LOCATION (City, town, or county) BALTIMORE, MARYLAND		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 1501 E. FORT AVE	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S.A.

STANDARD TIME

1900

1900

BOUND

RECORDS

VALLEY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 4075

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Frederick Parker

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION U.S. Public Health Service location)

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4811 Park Heights Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/20/19

9. AGE (in years last birthday)

32

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rubber worker

10B. KIND OF BUSINESS OR INDUSTRY

Tire Business

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME
DORSEY PARKER
Dasey L. Parker

14. MOTHER'S MAIDEN NAME

Elizabeth Brundrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW2- USA

16. SOCIAL SECURITY NO.

212-78-2476

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hodgkin's disease, generalized

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Approx.

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1952 to Apr. 25, 1952, that I last saw the deceased alive on Apr. 25, 1952 and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE
D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

4/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 28 1952

Huntington Williams, Mortuary Byers 5005 Park Heights Ave

VS 150

6904U

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WASHINGTON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Medical Examiner		15. Name of Pathologist		16. Name of Anatomist	
17. Name of Registrar		18. Name of Clerk		19. Name of Stenographer		20. Name of Messenger	
21. Name of Nurse		22. Name of Doctor		23. Name of Surgeon		24. Name of Pharmacist	
25. Name of Dentist		26. Name of Optician		27. Name of Podiatrist		28. Name of Veterinarian	
29. Name of Minister		30. Name of Priest		31. Name of Rabbi		32. Name of Imam	
33. Name of Chaplain		34. Name of Pastor		35. Name of Reverend		36. Name of Bishop	
37. Name of Cardinal		38. Name of Archbishop		39. Name of Monsignor		40. Name of Canon	
41. Name of Deacon		42. Name of Priest		43. Name of Bishop		44. Name of Cardinal	
45. Name of Archbishop		46. Name of Monsignor		47. Name of Canon		48. Name of Deacon	
49. Name of Priest		50. Name of Bishop		51. Name of Cardinal		52. Name of Archbishop	
53. Name of Monsignor		54. Name of Canon		55. Name of Deacon		56. Name of Priest	
57. Name of Bishop		58. Name of Cardinal		59. Name of Archbishop		60. Name of Monsignor	
61. Name of Canon		62. Name of Deacon		63. Name of Priest		64. Name of Bishop	
65. Name of Cardinal		66. Name of Archbishop		67. Name of Monsignor		68. Name of Canon	
69. Name of Deacon		70. Name of Priest		71. Name of Bishop		72. Name of Cardinal	
73. Name of Archbishop		74. Name of Monsignor		75. Name of Canon		76. Name of Deacon	
77. Name of Priest		78. Name of Bishop		79. Name of Cardinal		80. Name of Archbishop	
81. Name of Monsignor		82. Name of Canon		83. Name of Deacon		84. Name of Priest	
85. Name of Bishop		86. Name of Cardinal		87. Name of Archbishop		88. Name of Monsignor	
89. Name of Canon		90. Name of Deacon		91. Name of Priest		92. Name of Bishop	
93. Name of Cardinal		94. Name of Archbishop		95. Name of Monsignor		96. Name of Canon	
97. Name of Deacon		98. Name of Priest		99. Name of Bishop		100. Name of Cardinal	

CERTIFICATE OF DEATH

Name of Deceased	
Age	
Sex	
Date of Death	
Place of Death	
Cause of Death	
Signature of Physician	
Signature of Registrar	
Date of Registration	

D-452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4077

BIRTH NO. 52 4077

1. NAME OF DECEASED (Type or Print) Catherine G. Dowling			2. DATE OF DEATH April 25/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 16-08		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3910 Edmondson Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3910 Edmondson Ave.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, DIVORCED OR WIDOWED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1894	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Balto. Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Dennis Dore			14. MOTHER'S MAIDEN NAME Catherine Maskell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS Howard Dowling, 3910 Edmondson Ave.		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach CAUSE OF DEATH (A) Carcinoma of Stomach DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH. 4 mo.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension	

19A. DATE OF OPERATION April 5, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug , 19 51 , to April 25 , 19 52 , that I last saw the deceased alive on April 25 , 19 52 and that death occurred at 10 P m., from the causes and on the date stated above.					
23A. SIGNATURE Harry F. Nitzke		23B. ADDRESS 3341 Fredrickham		23C. DATE SIGNED 4/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 29/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore, Md.		(State)			

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry F. Nitzke	ADDRESS 4101 Edmondson Ave.
--------------------------------------------------------	-----------------------------------------------------------	------------------------------------------------	---------------------------------------

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Carman & Son

W. J. Carman

Carman & Son

April 5, 1952

W. J. Carman
April 5, 1952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oookown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27-52, to 4-27-52, that I last saw the
deceased alive on 4-27-52, 1952 and that death occurred at 9:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

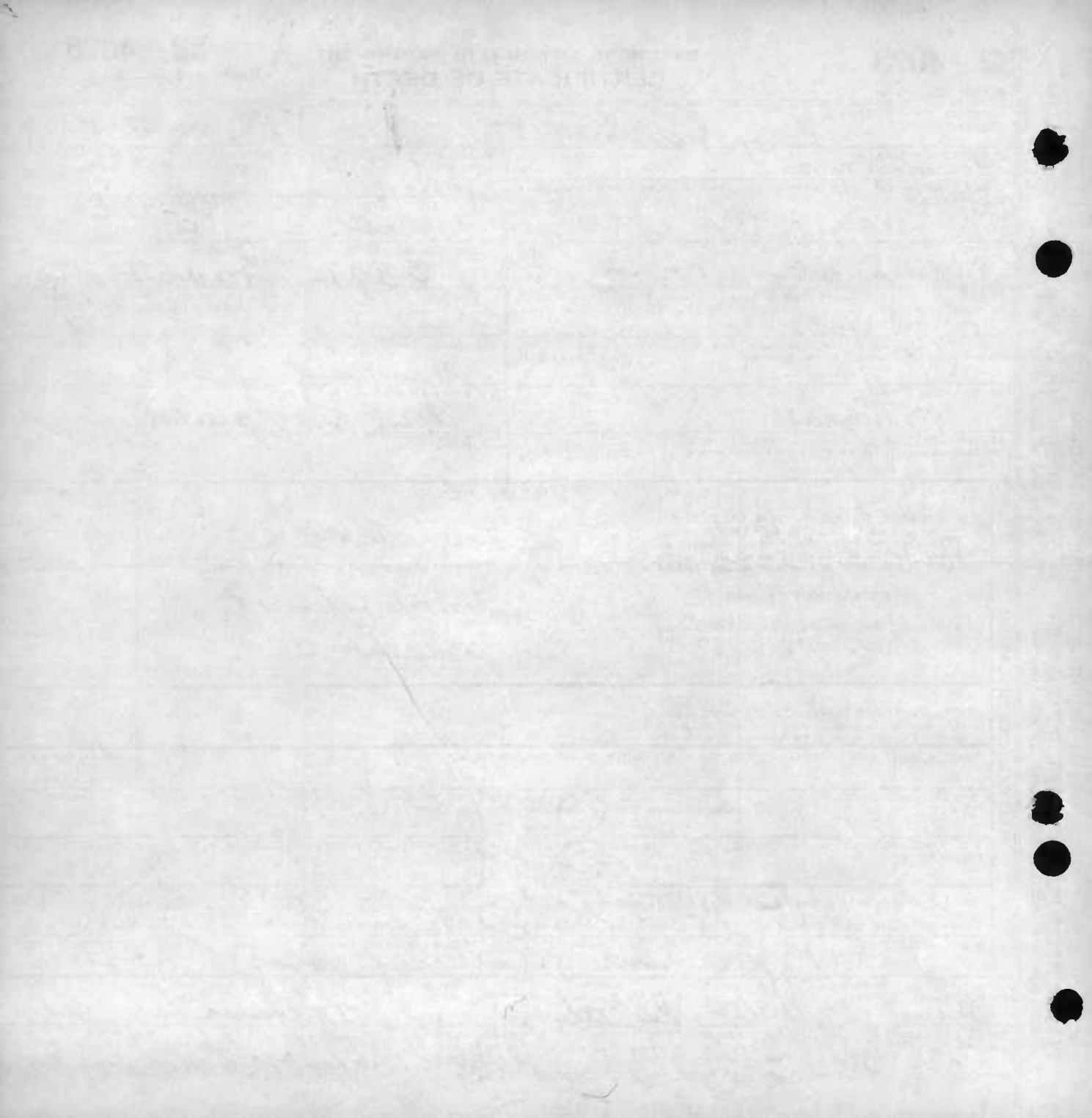
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4079

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MATTIE. E. MAYER2. DATE
OF
DEATH4/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)1104 S. BAYLIS ST

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE26-09

D. STREET ADDRESS (If rural, give location)

1104 S. BAYLIS ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

MAY 1, 19089. AGE (In years
last birthday)43If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)AT HOME10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CAMBRIDGE MD.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

CHARLES WILLEY

14. MOTHER'S MAIDEN NAME

NOT KNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM. F. MAYER 1104 S BAYLIS ST18. 345X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Multiple Sclerosis6 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Decubitus ulcer1 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1949 to 4-26, 1952; that I last saw the
deceased alive on 4-25, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David Schneider

M. O.

23B. ADDRESS

110 N. Winton Ave

23C. DATE SIGNED

4-26-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann 16399 Broadway

101
Doc. 101

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4080**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Giuseppe Speranzella		2. DATE OF DEATH April 28 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1827 E. 30th ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1827 E. 30th St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 3-1894
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1 sailor	11. BIRTHPLACE (State or foreign country) Italy
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael Speranzella		14. MOTHER'S MAIDEN NAME Libbia Janzola	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-03-9235	
17. INFORMANT Mrs. Mary Speranzella same		ADDRESS	
18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CANCER OF Head of PANCREAS with Metastases to Liver		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	
19A. DATE OF OPERATION August 15, 1951		19B. MAJOR FINDINGS OF OPERATION DIFFUSE INFLAMMATION OF PANCREAS (HEAD) + GALL BLADDER	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 11, 1948 to April 28, 1952 that I last saw the deceased alive on April 27, 1952 , and that death occurred at 6 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE Melvin N. Borden		23B. ADDRESS 5000 Old Frederick Road	
23C. DATE SIGNED 4/28/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/1/52	
24C. NAME OF CEMETERY OR CREMATORY Italy Redcross		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY APR 28 1952		25. FUNERAL DIRECTOR 5305 Hayford Rd	

UNITED STATES DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
PLACE OF BIRTH _____		DATE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		CAUSE OF DEATH _____		MANNER OF DEATH _____	
SIGNATURE OF DECEASED _____		SIGNATURE OF WITNESS _____		SIGNATURE OF PHYSICIAN _____	
DATE OF DEATH _____		TIME OF DEATH _____		PLACE OF DEATH _____	
SIGNATURE OF REGISTRAR _____		SIGNATURE OF CLERK _____		SIGNATURE OF JUDGE _____	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 4081**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgie H. Eves

2. DATE
OF
DEATH

4/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

401 E. Preston St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

401 E. Preston St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Chester

14. MOTHER'S MAIDEN NAME

Susie (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Paula B. Eves 401 E. Preston St.

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) *Coronary Thrombosis*
DUE TO

2 1/2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Coronary artery disease*
DUE TO

(C) *arteriosclerosis*

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *7 April*, 19*52*, to *27 April*, 19*52*, that I last saw the deceased alive on *26 April*, 19*52*, and that death occurred at *1:17 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

S. Huntington

M. O.

23B. ADDRESS

714 E. Preston St

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/29/52

Balto.

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

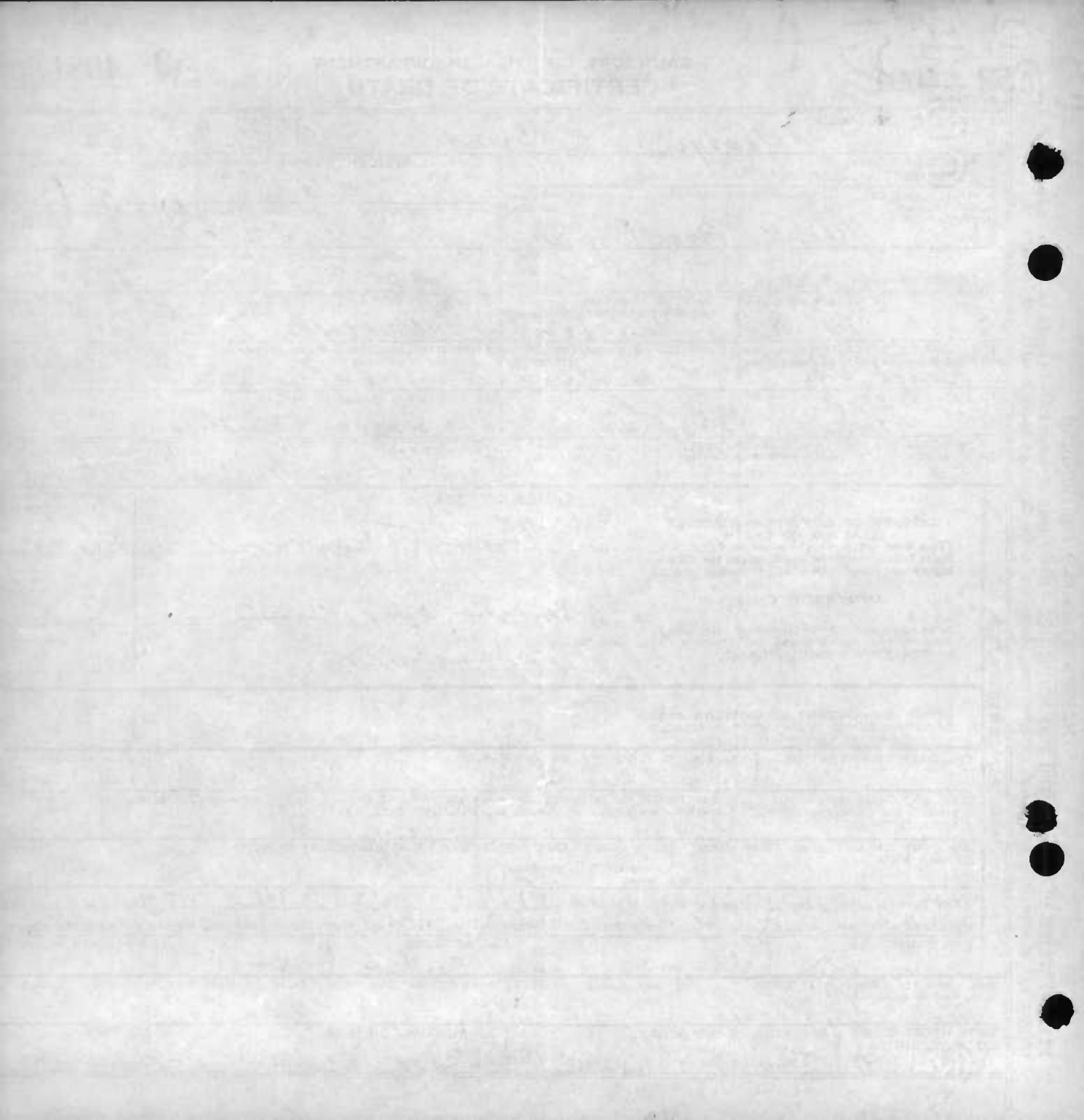
25. FUNERAL DIRECTOR

ADDRESS

APR 28 1952

Huntington Williams, M.D.

Boyd Inc 1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4082**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MURDEN T. BRYANT

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

516 Cathedral St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 16, 1888

9. AGE (In years
last birthday)

63

H Under 1 Year Months Days H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Plant Engineer

10B. KIND OF BUSINESS OR INDUSTRY
Monarch Rubber Co.

11. BIRTHPLACE (State or foreign country)
Radford, Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lee Bryant

14. MOTHER'S MAIDEN NAME

Julia Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Viola H. Bryant, 516 Cathedral St.

18. **E912.3**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Shock**

DUE TO **avulsing injury of left arm**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
factory

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Conkling Sts.

Monarch Rubber Co., Pulaski Highway &/

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
April 26, '52, 10. A.M.

21E. INJURY OCCURRED
WHILE AT ☒ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

Caught hand in sanding machine

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
April 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
removal

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

24D. LOCATION (City, town, or county)

Barberton, Ohio

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 151

11888.2

58340

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4083BIRTH NO. 52 4083
22-097421. NAME OF DECEASED
(Type or Print)BABY BOY VANCE2. DATE
OF
DEATH4-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

535 N. Robinson St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-26-529. AGE (In years;
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.22 3510A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

Russell Vance

14. MOTHER'S MAIDEN NAME

Wanda Darlene Dancy15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOPrematurity (36 wks)

ANTECEDENT CAUSES

(B)
DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4-26, 1952 to 4-27, 1952, that I last saw the
deceased alive on 4-27, 1952, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

M. D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

4-27-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

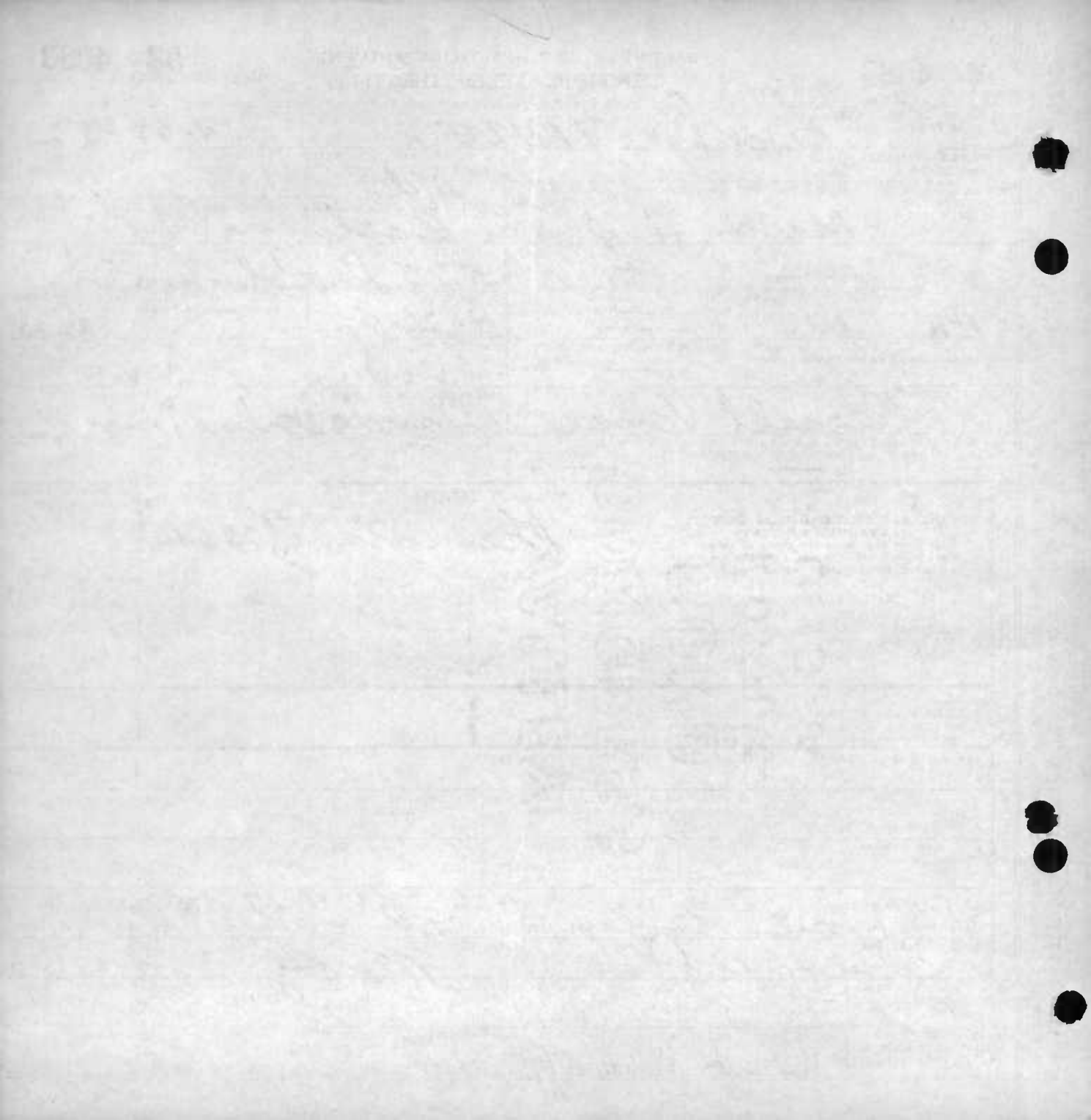
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 28 1952Huntington Williams, M.D.Barragh Funeral Home



HUNTER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*James Hunter*2. DATE
OF
DEATH*4-12-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Lutheran Hospital*Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**27-18*

D. STREET ADDRESS (If rural, give location)

5227 Reisterstown Road

5. SEX

White

6. COLOR OR RACE

Male

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

56

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *thrombocardiopathy*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Rupture of Myocardial Infarct*

DUE TO

(C) *Coronary sclerosis & occlusion*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: *natural causes* ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

4-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county)

APR 21 1952

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 28 1952

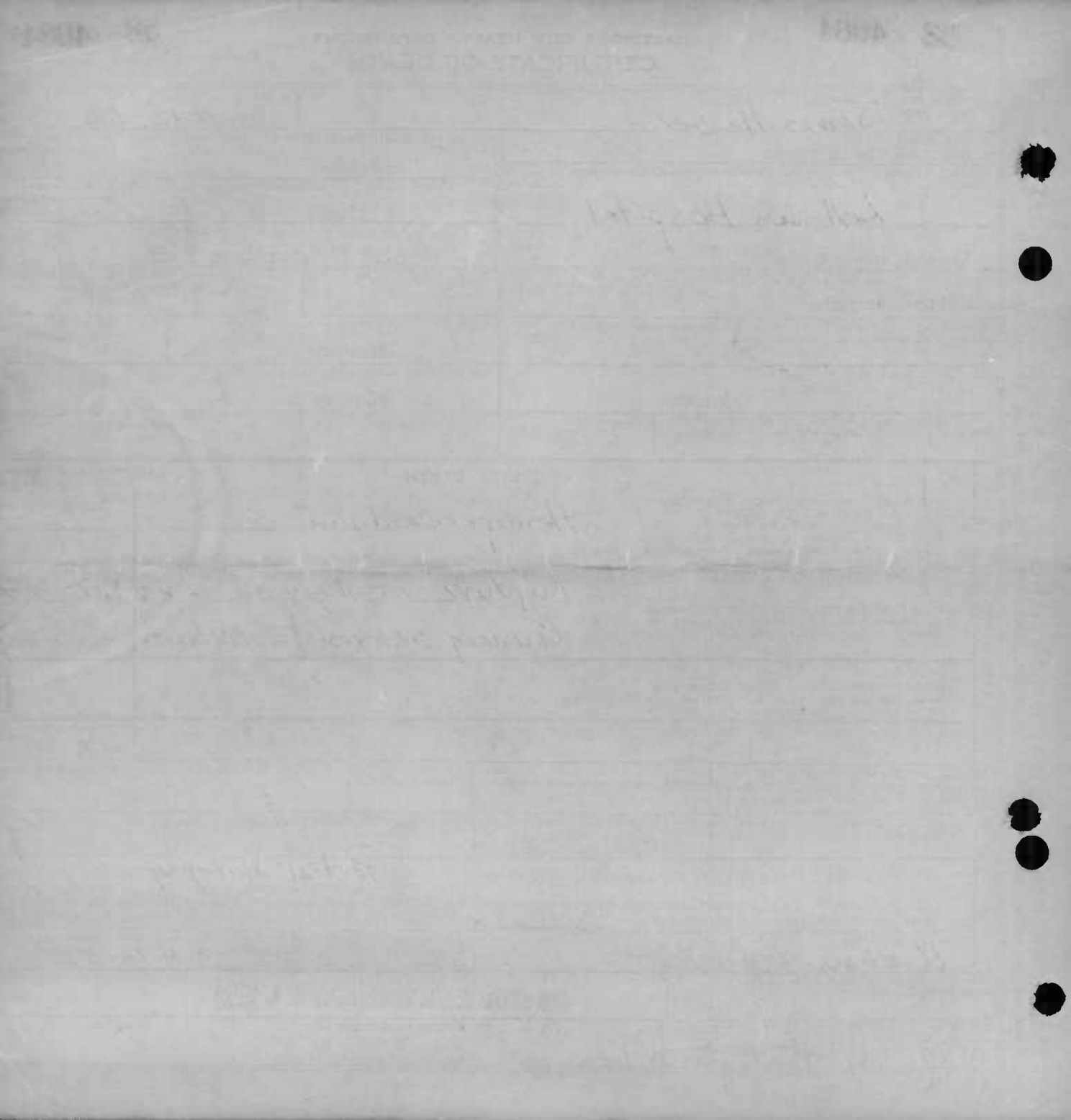
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-07473

1. NAME OF DECEASED
(Type or Print)

SAMUEL

TAYLOR

2. DATE
OF
DEATH

April 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

9 S. Schroeder Street

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 921.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Icterus neonatorum

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremated

24B. DATE

April 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

City Morgue

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

RBFisher

ADDRESS

coll. St.
2da over coded to acc.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **4086**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Victoria McGrady**2. DATE
OF
DEATH**April 26 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.**HARFORD, FOREST HILL**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**University**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

FOREST HILL

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days**2 1/2**

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

MAY 6, 18779. AGE (in years
last birthday)**74**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**HOUSEWIFE**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

JACOB BERGER

14. MOTHER'S MAIDEN NAME

RACHEL (UNKNOWN)15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ALLEN C. McGRADY, FOREST HILL, MD.18. **153X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Carcinoma transverse colon 2 yrs.
& metastases**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-27-52

19B. MAJOR FINDINGS OF OPERATION

Resection & metastases - generalized abdominal

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-1**, 19**52** to **4-26**, 19**52** that I last saw the
deceased alive on **4-26**, 19**52** and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

John Evans

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4-27-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

APR. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

MT. ZION CEMETERY

24D. LOCATION (City, town, or county)

REDI BELAIR, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

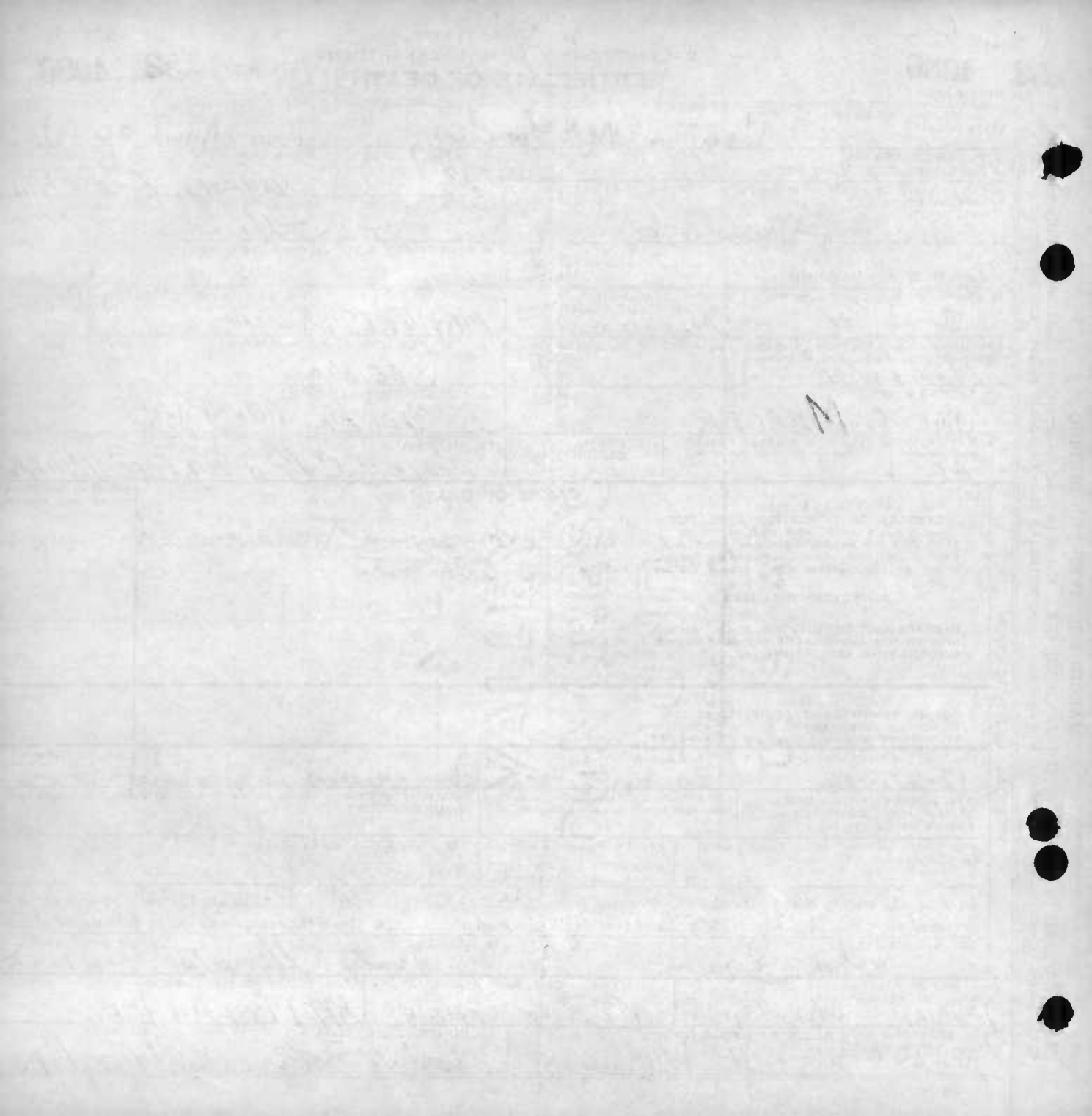
REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

ADDRESS

Joe S. Foster**1361 AIR, MD.**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Benesch

2. DATE
OF
DEATH

April 26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1646 E. Fort Ave

C. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)

Baltimore

2401

D. STREET ADDRESS (If rural, give location)

1646 E. Fort Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-11-1878

9. AGE (In years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Bottling & Business

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Joseph Benesch

BOTTLING WORKS

14. MOTHER'S MAIDEN NAME

Anna Guran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown)16. SOCIAL
SECURITY NO.

219-01-7161

17. INFORMANT

Sophia Benesch

ADDRESS

18. 350X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) ~~Cerebral~~ Thrombosis
Cerebral Arteriosclerosis
(B) Arteriosclerotic C. V. Dis.
Cerebral Arteriosclerosis
(C) Paralysis of the brainINTERVAL BETWEEN
ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.DUE TO Cerebral Arteriosclerosis
Cerebral Arteriosclerosis
Paralysis of the brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to April 26, 1952, that I last saw the
deceased alive on April 19, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

K. Kneewitz

M. O.

23B. ADDRESS

400 N. Hillman St.

23C. DATE SIGNED

4/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-29-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1952

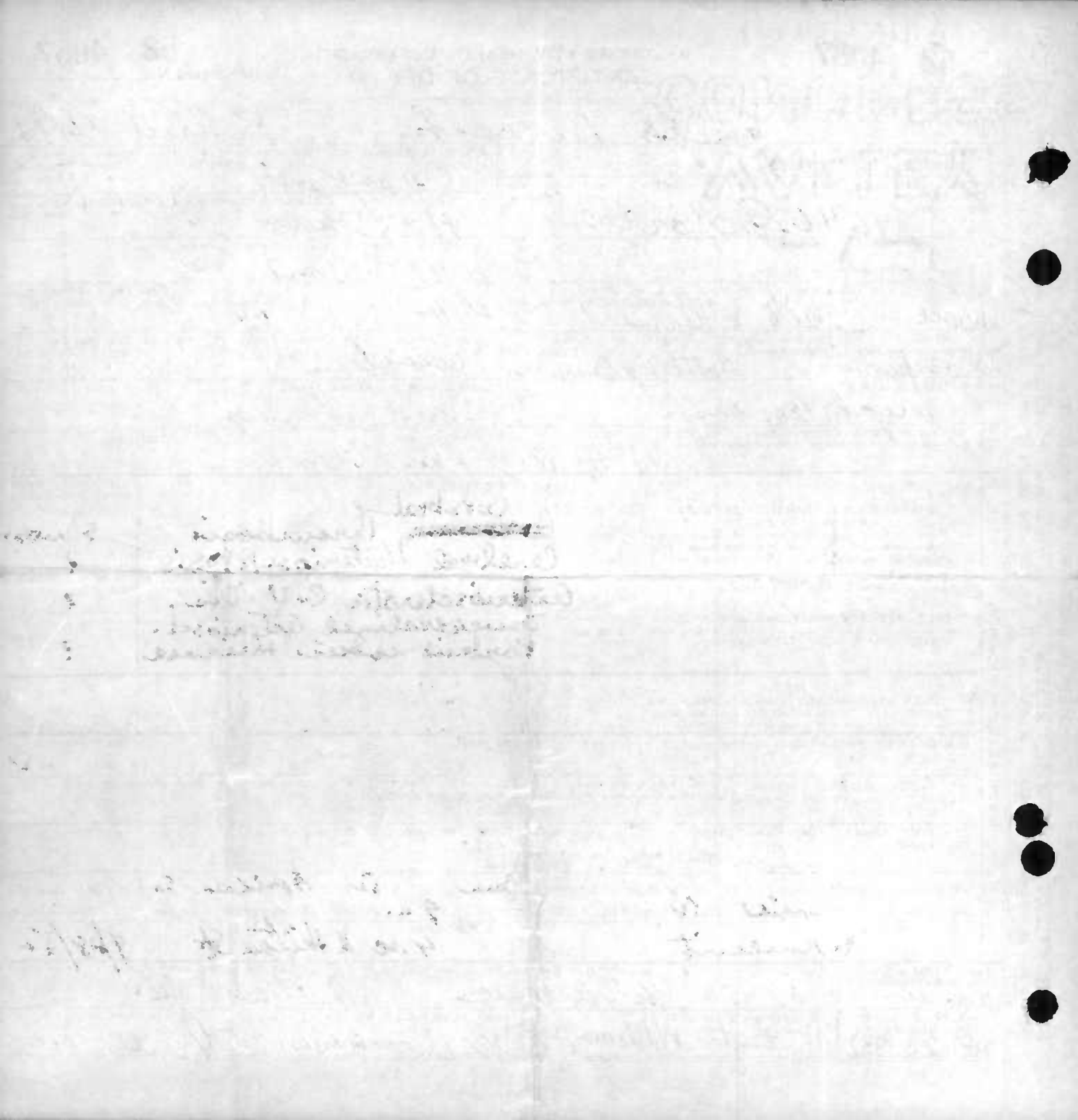
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ch. Brachson 2004 Calhoun St

ADDRESS



MARGIN RESERVED FOR BINDING

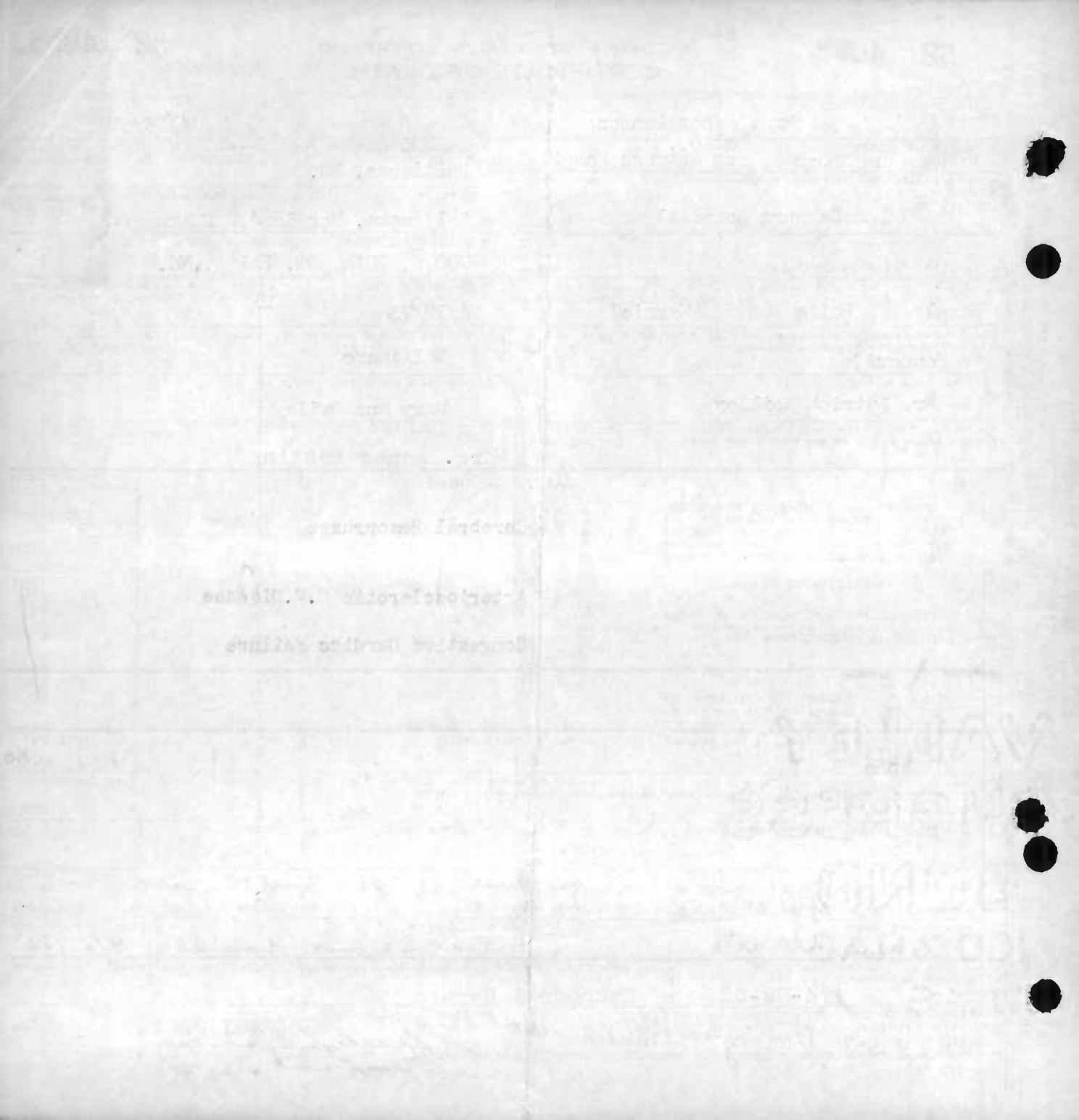
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4088
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. Agnes Lannon		2. DATE OF DEATH 4/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto., Md. Bon Secours Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland.			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 700 E. 20th. St. Balto., Md.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/18/73	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Mr. Patrick Reilley		14. MOTHER'S MAIDEN NAME Mary Ann Dailey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Agnes Fetting	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic C.V.Disease DUE TO Congestive Cardiac Failure					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION Npne		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 30, 1952 , to April 25, 1952 , that I last saw the deceased alive on April 25, 1952 , and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE Doris Elgarte		23B. ADDRESS M. D. Bon Secours Hospital		23C. DATE SIGNED 4/25/52	
24A. BURIAL, CREMATION- REMOVAL (Specify) Burial		24B. DATE 4-29-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR WIEDEFELD & SON Greenbaum + Son			
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	



52 4089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4089

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IGNATIUS

DOBROCHOWSKI

2. DATE
OF
DEATH

April 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2412 Ashland Avenue

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 29, 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rigger

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Ship Yard

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas

Dobrochowski

14. MOTHER'S MAIDEN NAME

Mary Kopanska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

217-01-8752

17. INFORMANT

ADDRESS

Margaret Dobrochowski 2412 Ashland Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

April 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cemetery

24D. LOCATION (City, town, or county)

1300 Dundalk Ave. Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles S. Zeiler

ADDRESS

901 S. Conkling St.

VS 151

5943U

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REPORT OF THE SECRETARY OF COMMERCE
ON THE COMMERCE OF THE UNITED STATES
FOR THE YEAR 1907

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

THE SECRETARY OF COMMERCE
WASHINGTON, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4090
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Gerber

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2600 Ulman Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2600 Ulman Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1877

9. AGE (in years

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Gerber

14. MOTHER'S MAIDEN NAME

Pearl ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-07-6444

17. INFORMANT

ADDRESS

Mrs Philip Sandler 2600 Ulman Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis
DUE TO Atherosclerosis

Included for xyl.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to April 28, 1952 that I last saw the deceased alive on April 28, 1952 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Rene K. Kolven

M. D.

23B. ADDRESS

3700 Park Heights

23C. DATE SIGNED

April 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Nguda Achim Anshei Sfard Cong Rosedale

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinson & Ben North

ADDRESS 1126 V

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

600A-50

NEW YORK, N.Y. 10017

100

100

100

RECEIVED

100

100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-543

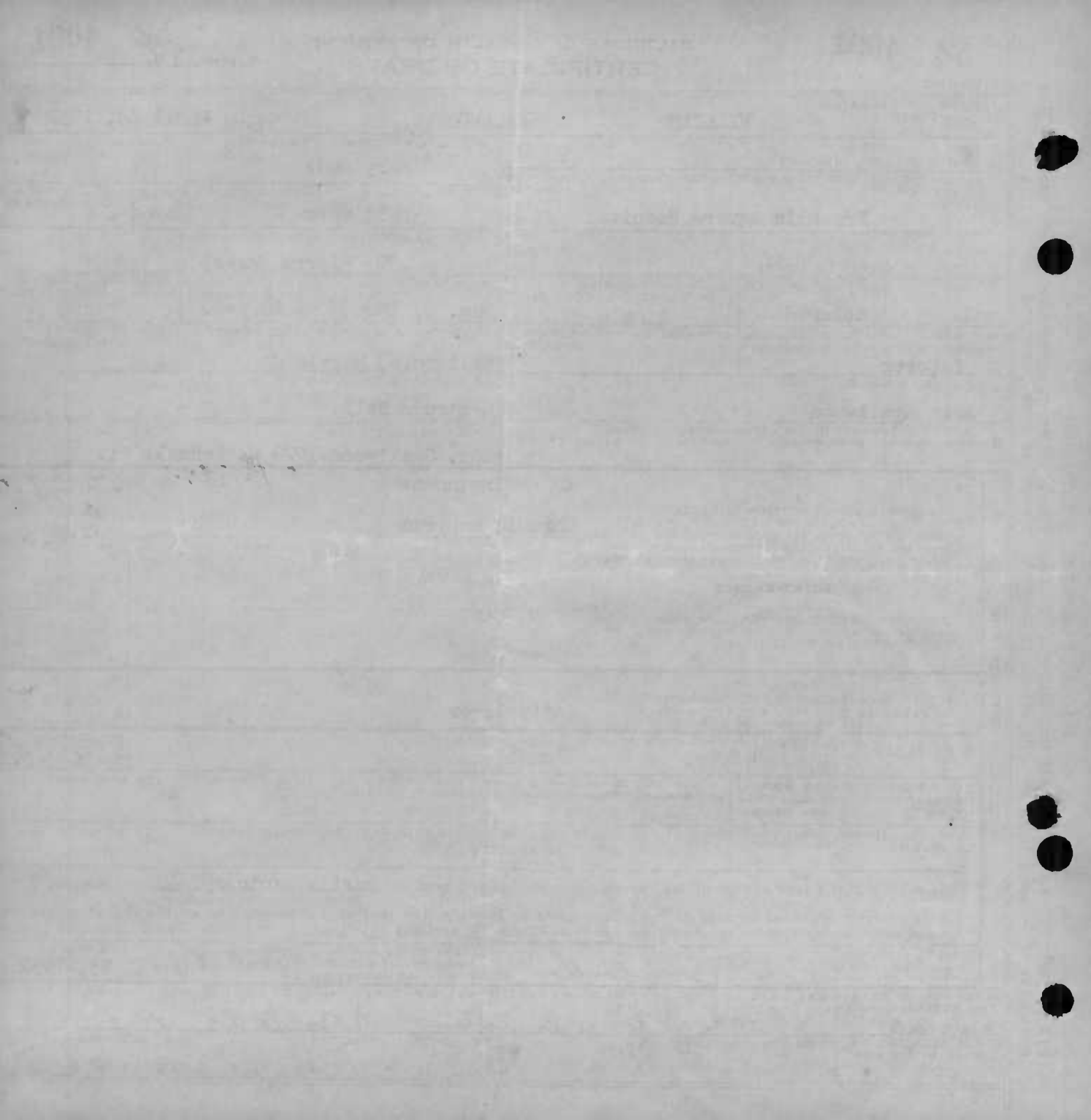
52

4091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4091
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
WILLIAM SMALLWOOD		April 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1705 Pierce Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 5, 1926
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 26 yrs.
13. FATHER'S NAME John Smallwood		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Gertrude Bell	
17. INFORMANT Geo. Smallwood-1723 W. Lanvale St.		ADDRESS	
18. 518 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic empyema DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty liver		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley H. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED April 25, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/29/52	
24C. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24D. LOCATION (City, town, or county) (State) Balto Co. Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR James A. Hayes, 638 N. Guilford		ADDRESS	



M-6 24 52 4092
D.O.A.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4092
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1951, to 4/25, 1952, that I last saw the
deceased alive on 4/23, 1952, and that death occurred at 5:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

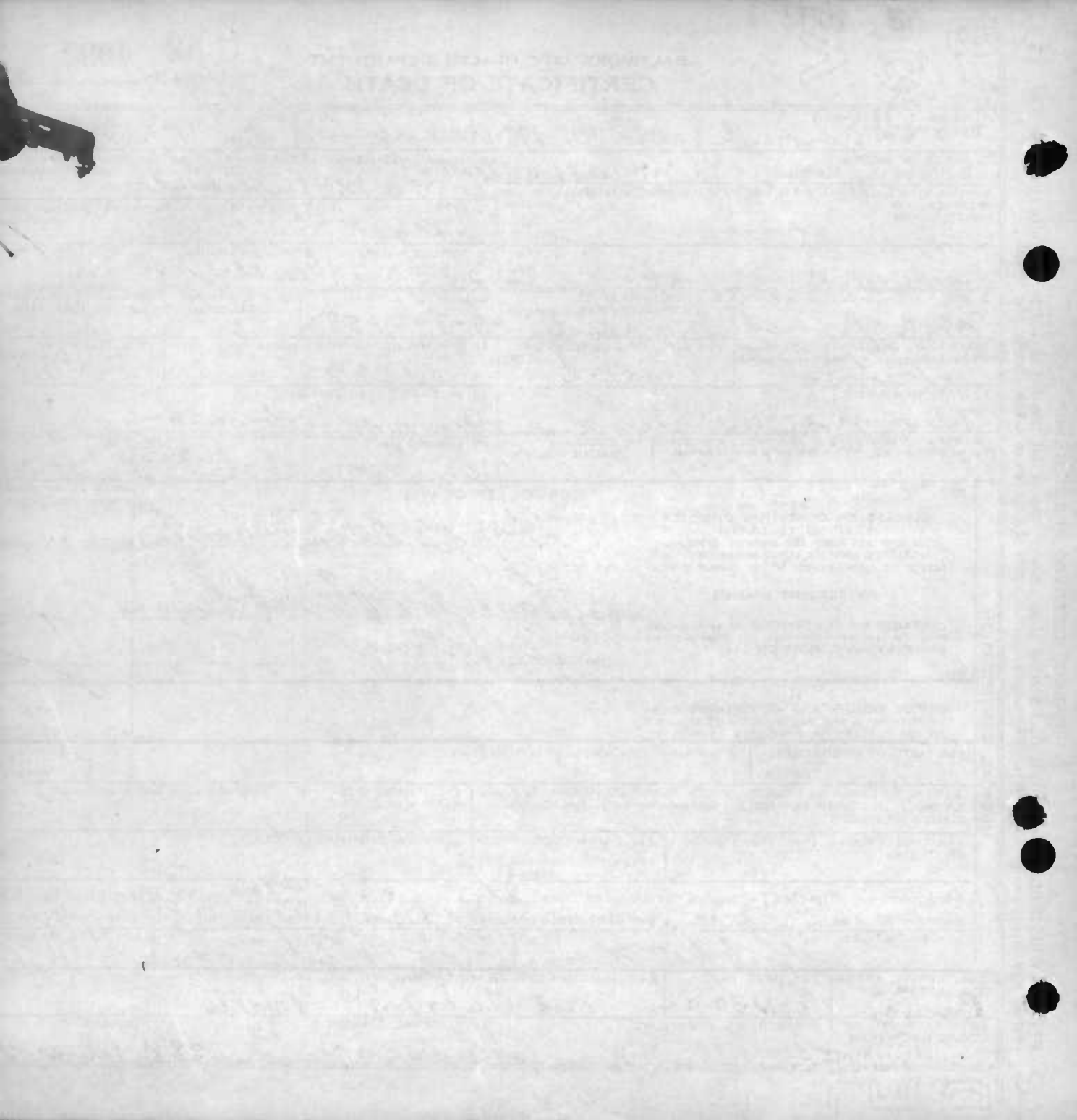
APR 29 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

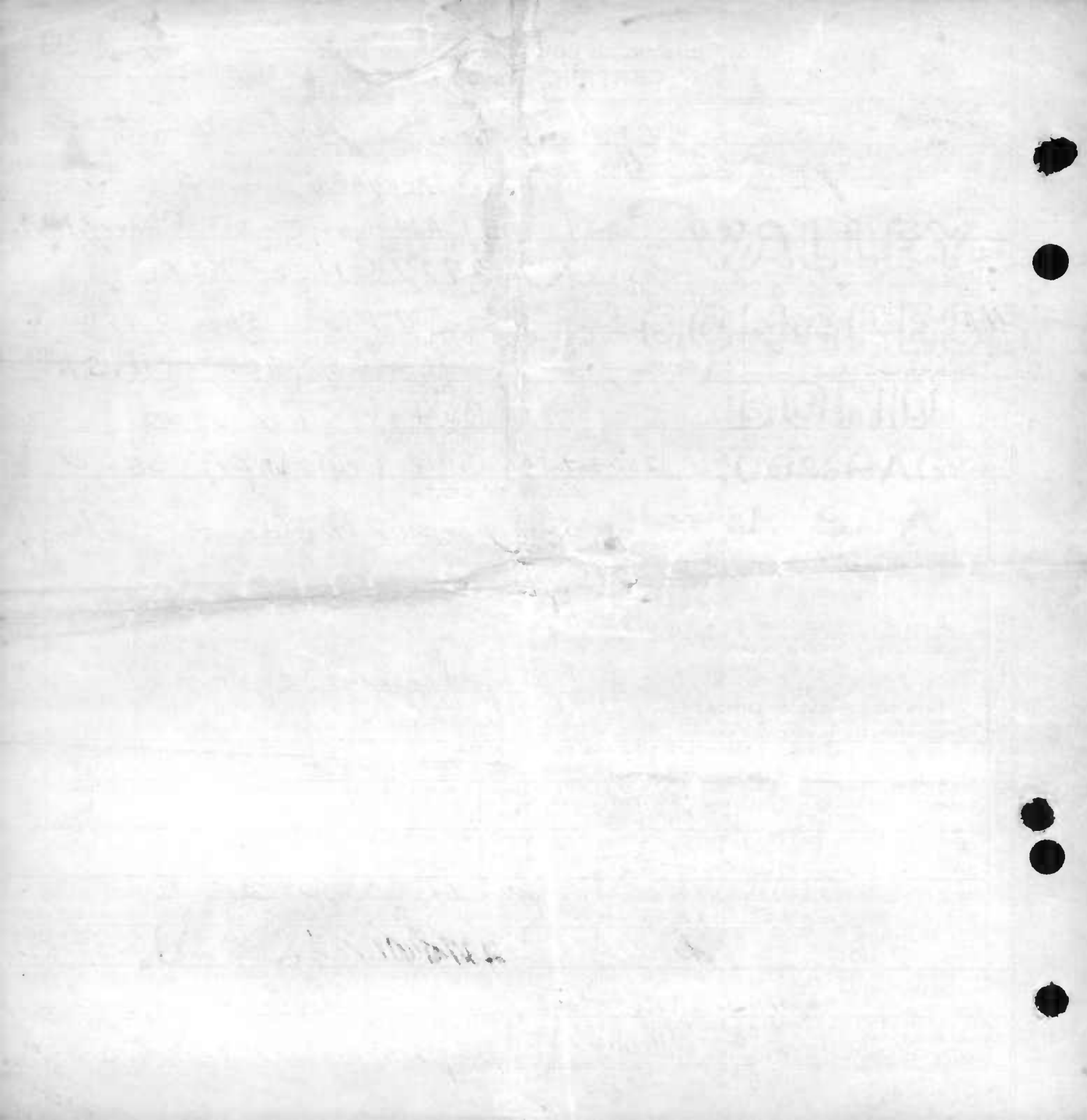
784. 8B



BALTIMORE CITY HEALTH DEPARTMENT				52 4093		Registered No.	
BIRTH NO.				52 4093			
1. NAME OF DECEASED (Type or Print) Joe Lewis				2. DATE OF DEATH 4-25-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland 2727 Giles Road				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 25-32			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2727 Giles Road				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 25 - Cherry Hill			
c. Length of stay in Baltimore 8 years				D. STREET ADDRESS (If rural, give location) 2727 Giles Road			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1896		9. AGE (In years, last birthday) 56 yrs.	10 Under 1 Year Months: 3 Days: 15	11 Under 24 Hours Hours: 15 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Richburg, S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Lewis				14. MOTHER'S MAIDEN NAME Betsy Tidwood			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 250-327288		17. INFORMANT Willie Lewis (Wife)		ADDRESS Same	
18. 443X				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Cerebral Accident		6 hours.	
ANTECEDENT CAUSES				(B) Hypertensive Heart Disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) Epileptiform Seizures			
II				OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 14, 1952 , to April 25, 1952 , that I last saw the deceased alive on 4-25, 1952 , and that death occurred at 6 P.M. from the causes and on the date stated above.							
23A. SIGNATURE John L. Luck				23B. ADDRESS 4270 Lakeside (Lure Road)		23C. DATE SIGNED 4-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/4/52		24C. NAME OF CEMETERY OR CREMATORY Rockoth		24D. LOCATION (City, town, or county) (State) Charter, South Carolina	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Joseph L. Russ		ADDRESS 1200 McCulloch St.	

APR 29 1952

97099



52 4094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4094

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN THOMPSON

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

Maryland

b. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1617 Laurens St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 24, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Minister

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Robert Thompson

14. MOTHER'S MAIDEN NAME

Amelia Bowser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jane Thompson 1617 Laurens St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. H. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23c. DATE SIGNED
April 28, 195224a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

5-2-52

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24d. LOCATION (City, town, or county)

Anne Arundel Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances C. Hendley Biddle

ADDRESS

5784

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	



52 4095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4095
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH LANGLEY

2. DATE
OF DEATH April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

644 Mosher Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 17, 1892

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

John Langley

14. MOTHER'S MAIDEN NAME

Alice Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Langley 250 Exeter St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial failure

DUE TO Arteriosclerotic cardiovascular disease
Hypertensive heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

April 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-30-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams, M.D.

Mrs. Frances C. Hensley

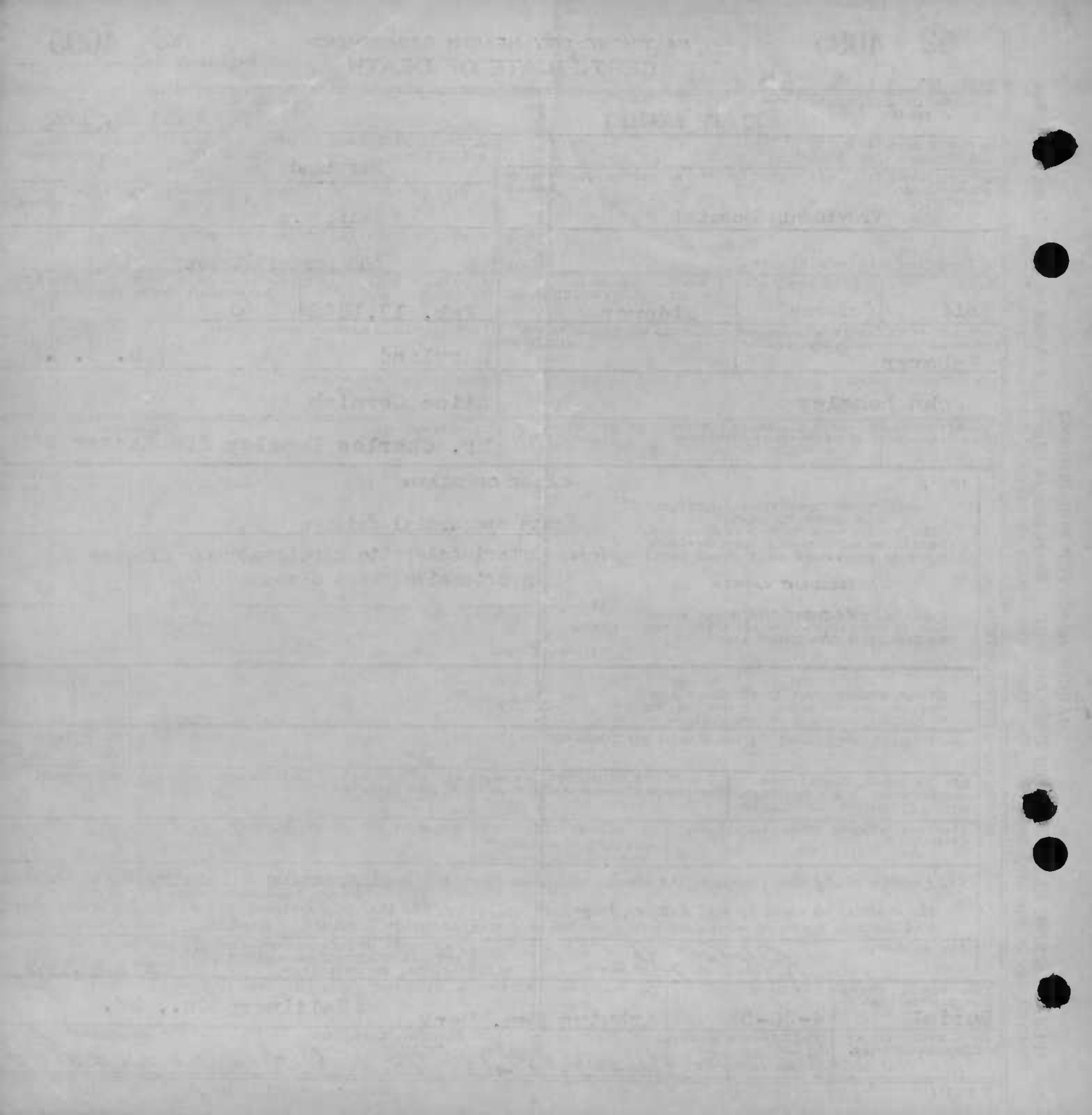
Bideleept

VS 151

93099

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be written legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 4096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4096

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY E. BRICKER.

2. DATE
OF
DEATH

APRIL 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

13-07

D. STREET ADDRESS (If rural, give location)

3729 ROLAND AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

FEMALE

WHITE

WIDOW

APRIL 2, 1878

74

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM FISHER

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

VIOLET S. COULTAS-3729 ROLAND AVE

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardio-vascular atherosclerosis

?

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11-23, 1951, to 4-28, 1952, that I last saw the
deceased alive on 4-27, 1952, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Neuman Hoffman

M. D.

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 1/52

Mt. Olivet

Frederick Rd. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams

Austin E. Donovan-3818 Roland Ave

35 465

CERTIFICATE OF DEATH

35 465

WILLIAM E. HOFFER

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4097
BIRTH NO.

52 4097

1. NAME OF DECEASED (Type or Print) OTTO L. TIEDEMAN			2. DATE OF DEATH Apr. 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel		
5. FULL NAME OF HOSPITAL OR INSTITUTION 101 W. Monument St.			C. CITY OR TOWN Gibson Island		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5200		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Sept. 5, 1902	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY WBAL	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bernard J. Tiedeman			14. MOTHER'S MAIDEN NAME Katie M. Lockman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Amelia J. Hoffman -1621 Rosedale St.		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Coronary insufficiency acute			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Arteriosclerotic heart disease 4 yrs.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/2, 1952, to 4/26, 1952, that I last saw the deceased alive on 4/19, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.					
23A. SIGNATURE C. Edward Leach		23B. ADDRESS 14 E. Eager St.		23C. DATE, SIGNED 4/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/29/52		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 2100 N. J. Fisher & Sons	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 2100 N. J. Fisher & Sons	

W-623
52 4098
CERTIFICATE CORRECTED 10-31-52BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4098

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BLANCH E. WRIGHT

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4008 Cranston Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

4008 Cranston Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec. 15, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Michael

14. MOTHER'S MAIDEN NAME

Emily Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Edward Bready - 4008 Cranston Ave.

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic myocarditis

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic nephritis
Arterio-sclerosis

5 yrs.

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1952 to April 27, 1952, that I last saw the
deceased alive on April 27, 1952, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4100 Edmondson Ave.

4/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/30/52

Lorraine Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams, M.D.

Wm. J. Tiekner & Sons

Baltimore, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ETHEL MAY JONES

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2803 Garrison Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3053 Spaulding Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 27, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor Lady

10B. KIND OF BUSINESS OR
INDUSTRY

Uniform Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Jones

14. MOTHER'S MAIDEN NAME

Mary E. McClough

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Alfred D. Jones - 3053 Spaulding Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Neumolysis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr 7*, 19*52*, to *Apr 27*, 19*52*, that I last saw the
deceased alive on *Apr 27*, 19*52*, and that death occurred at *5:30 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/30/52

Mt. Olive Cem.

Randallstown, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

R 29 1952

Huntington Williams, M.D. Dan. J. Dickoner & Sons

VS 150
APR 29 1952

523 46

Baltimore 17, Md.

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

UNITED STATES OF AMERICA

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

POLITICAL AFFILIATION

ETHNIC ORIGIN

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

STATUS AT ENTRY

EDUCATION

OCCUPATION

RELIGION

POLITICAL AFFILIATION

ETHNIC ORIGIN

SEX

52 4100

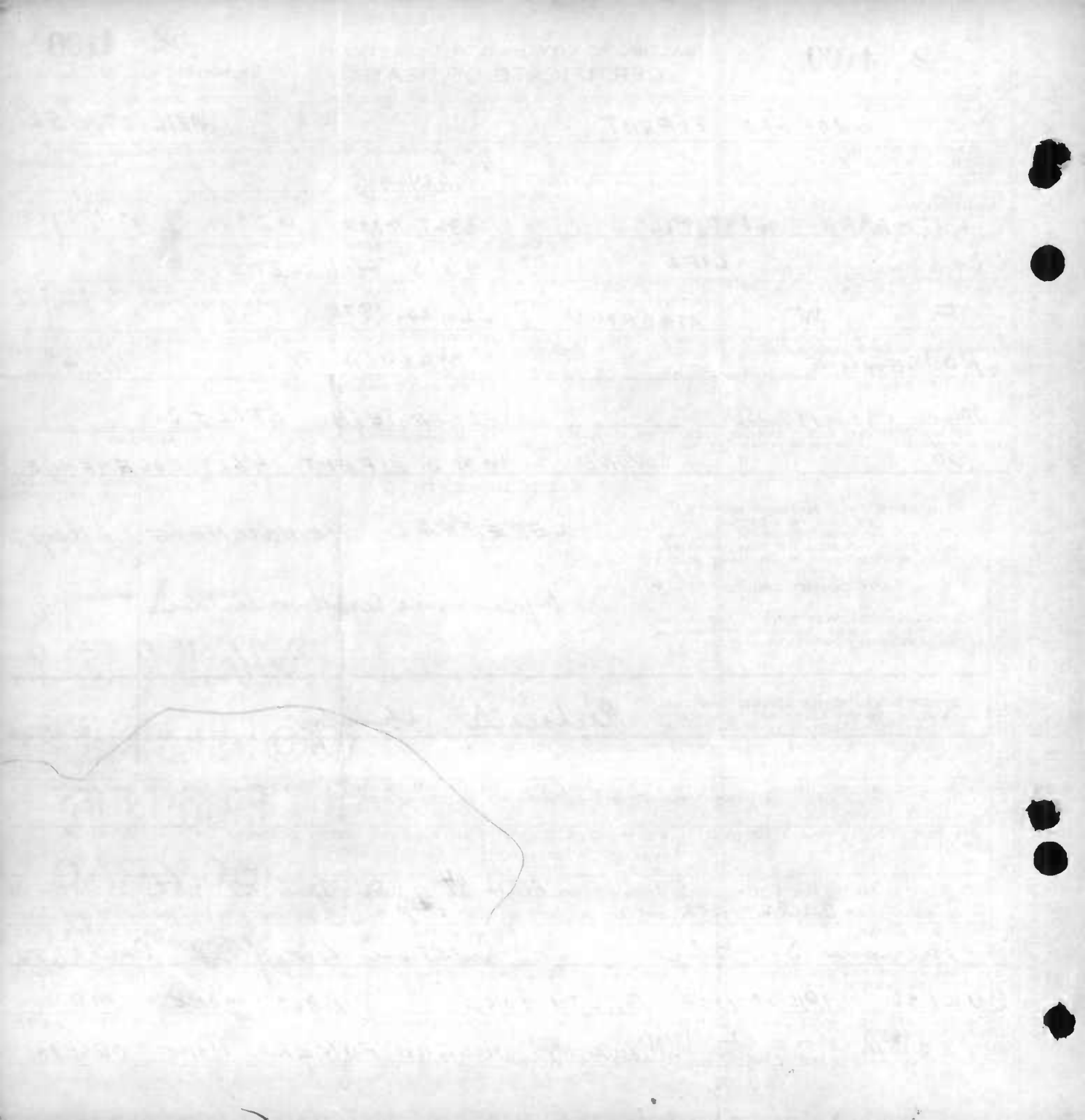
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4100

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGIE EIFERT			2. DATE OF DEATH APRIL 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #29 28-04		
c. Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4613 Coleherne Rd.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 26, 1878	9. AGE (in years last birthday) 74	If Under 1 Year Months: Days: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME JOHN MILHOUSE			14. MOTHER'S MAIDEN NAME ELIZABETH STILTZ		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT W. M. J. EIFERT			ADDRESS 4613 COLEHERNE		
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CEREBRAL HEMORRHAGE DUE TO ANTECEDENT CAUSES (B) Hypertensive Cardiovascular dis. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rectocele, obesity					INTERVAL BETWEEN ONSET AND DEATH 3 days
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 27, 1952 to April 27, 1952 that I last saw the deceased alive on April 27, 1952 and that death occurred at 1:20 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Miriam S. Daly			23B. ADDRESS M. O. Lutheran Hosp. of Md.		23C. DATE SIGNED April 27, 52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE APR 30-1952		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR ULLRICH FUNERAL HOME			
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.			
ADDRESS 200F					



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4101

Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CATHERINE M. ARTHUR	
2. DATE OF DEATH 4/28/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2024 Mt. Royal Terrace	
C. LENGTH OF STAY IN BALTIMORE life	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 2024 Mt. Royal Terrace	
5. SEX F	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Oct 18 1882
9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months: Days
11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Patrick Johnston	
14. MOTHER'S MAIDEN NAME Mary McElory	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO. none	
17. INFORMANT Miss L.M. Arthur	
ADDRESS 2024 Mt. Royal Ter	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of stomach DUE TO (B) Antecedent causes DUE TO (C) Antecedent causes INTERVAL BETWEEN ONSET AND DEATH 18 mos	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Antecedent causes	
19A. DATE OF OPERATION Aug - 1951	
19B. MAJOR FINDINGS OF OPERATION Carcinoma of stomach - metastases	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Oct 1951 , to April 1952 , that I last saw the deceased alive on 26 Apr 1952 , and that death occurred at 5:25 m. , from the causes and on the date stated above.	
23A. SIGNATURE George H. Williams	
23B. ADDRESS 20 E Preston St - 2	
23C. DATE SIGNED 28 Apr - 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 5/1/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem	
24D. LOCATION (City, town, or county) (State) Balto Md.	
25. FUNERAL DIRECTOR CHARLES F. EVANS & SON	
ADDRESS 118 W. Mt. Royal Ave.	

C. C. Schlegel
20 E. Brewster St.

CHICAGO

STATION

W. L. B. 1874

CHICAGO

STATION

W. L. B. 1874

CHICAGO

STATION

W. L. B. 1874

CHICAGO

STATION

W. L. B. 1874

ROSALIA OLSIEWSKI (CIERKES)
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4102

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) (MRS) WLADYSLAW (ROSALIA) OLSIEWSKI (CIERKES)			2. DATE OF DEATH April 27, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital 2724 N. CHARLES ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01		
c. Length of stay in Baltimore 43 YRS.			D. STREET ADDRESS (If rural, give location) 626 S. Bond St.		
6. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1879	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME KORITKOWSKI			14. MOTHER'S MAIDEN NAME Do not know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT (Name) VINCENT C. CIERKES			ADDRESS 626 S. Bond St. Balto. Md.		

18. 491X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) BRONCHOPNEUMONIA		3 wks.	
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CHRONIC MYOCARDITIS		?	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Apr. 15, 1952**, to **Apr. 27, 1952**, that I last saw the deceased alive on **Apr. 27, 1952**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

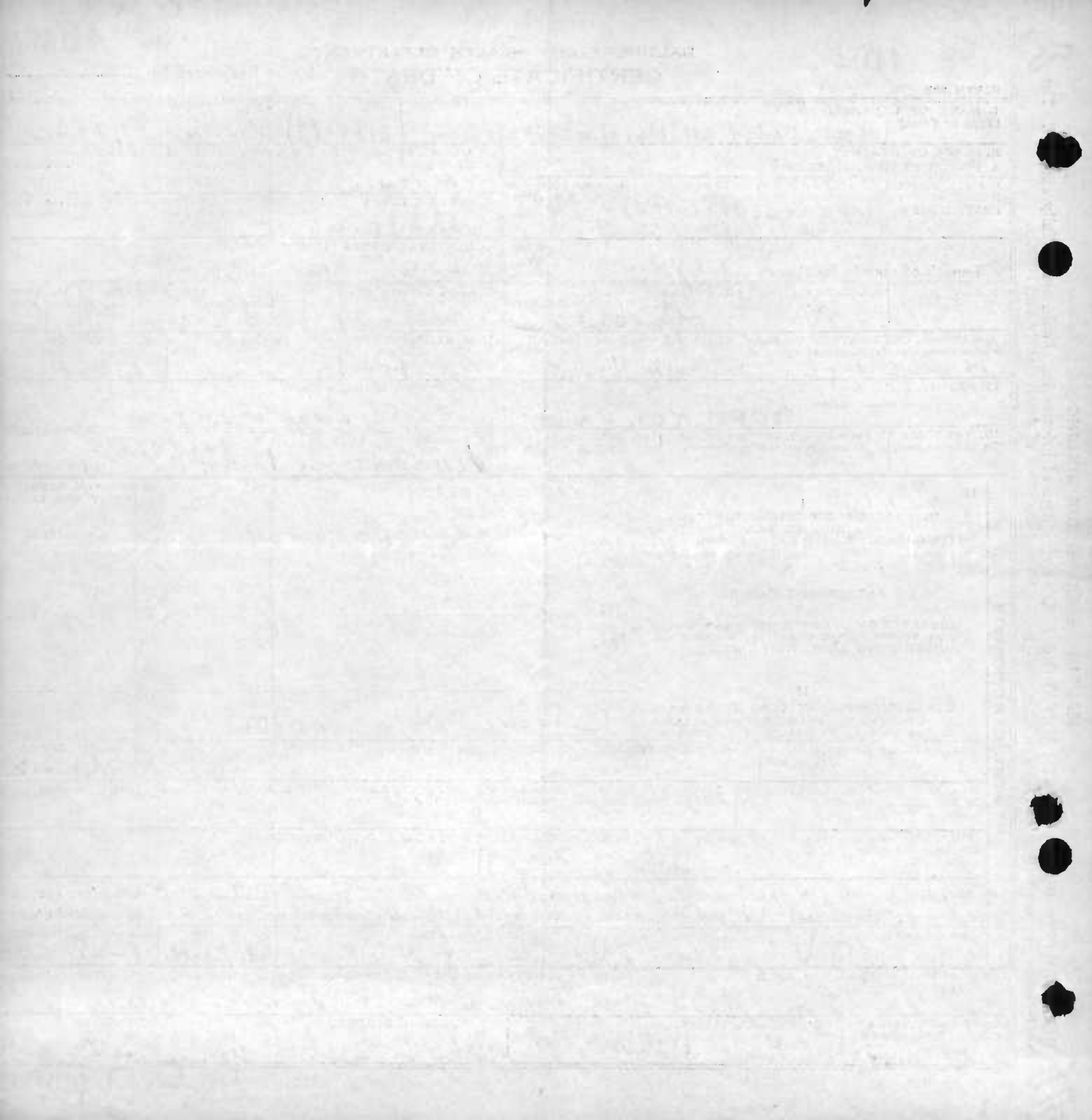
23A. SIGNATURE John F. Gibson, Jr.		23B. ADDRESS 2724 N. Charles St. Balto.		23C. DATE SIGNED 4-27-52	
----------------------------------------------	--	---------------------------------------------------	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE May 1, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cmn		24D. LOCATION (City, town, or county) (State) Balto. County	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR John W. Weber		ADDRESS 401 S. Chester St	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 4103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4103

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MICHAEL ENZIA

2. DATE
OF
DEATH

April 27 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4609 White ave

c. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 29 1892 60

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sausage Maker

10B. KIND OF BUSINESS OR INDUSTRY

Swift & Co.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anthony Enzia

MEAT PROCESSOR

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

315-05-8288

17. INFORMANT

Mary Enzia 4609 White ave

ADDRESS

18. 334x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Congestive Cardiac Failure

ANTECEDENT CAUSES

(B)

St. Hemiplegia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Generalized Arterio-Sclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1952 to April 27, 1952, that I last saw the deceased alive on April 27, 1952, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edmund Kuroski

M. D.

23B. ADDRESS

2037 Eastern Ave.

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

April 30 1952

24D. LOCATION (City, town, or county)

Holy Redeemer Cem Balto. City

24E. DATE RECEIVED BY LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John W. Weber

ADDRESS

401 S. Chesty St.

DATE RECEIVED BY LOCAL REGISTRAR

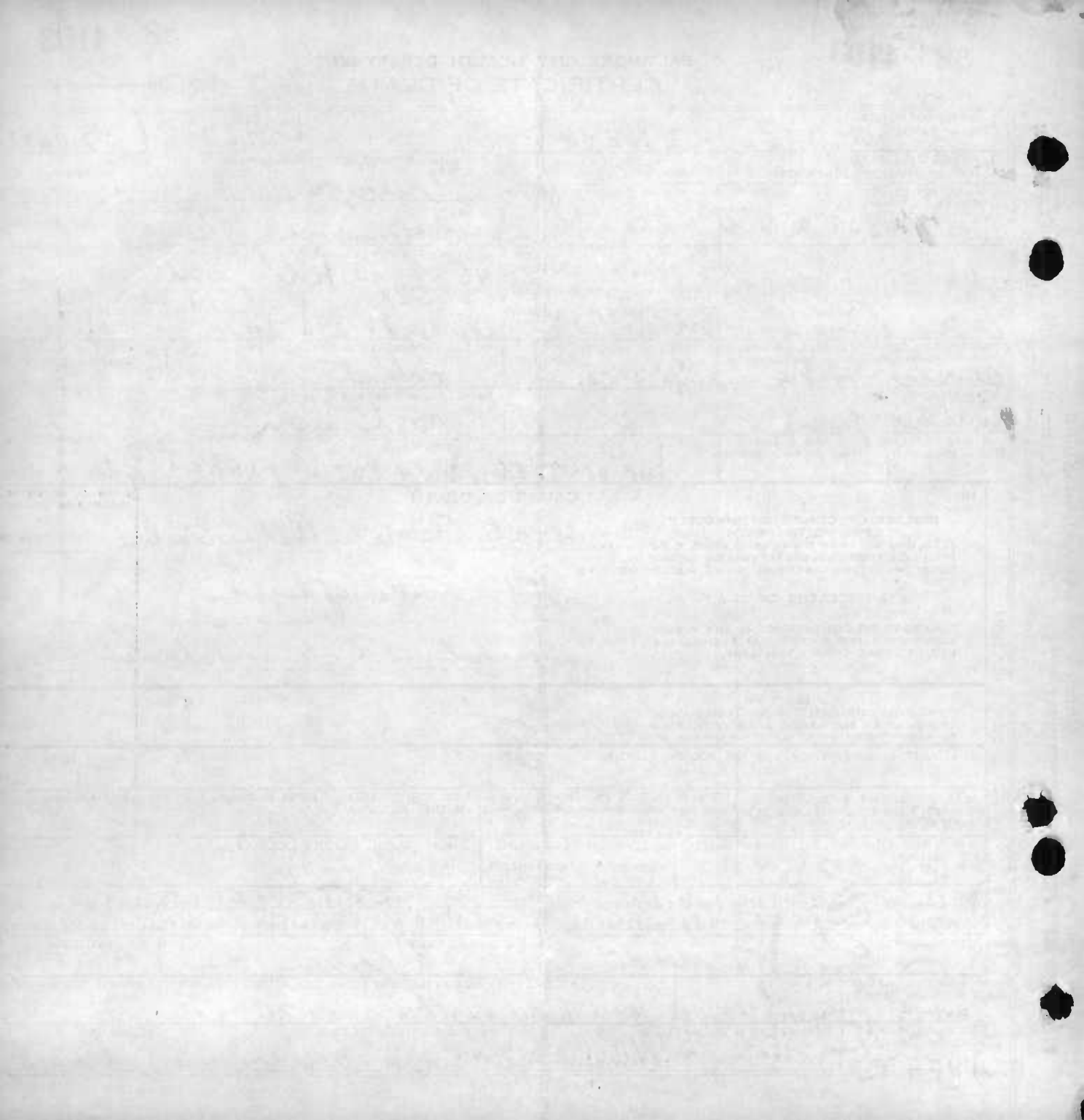
APR 29 1952

VS 150

69040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4104

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEE

BUTTS

2. DATE
OF
DEATH

Apr 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

S. Balt. Gen

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-07

D. STREET ADDRESS (If rural, give location)

1822 E. Biddle St

c. Length of stay in Baltimore

18 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 12, 1897

9. AGE (In years,
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter Maryland Drydock

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Butts

14. MOTHER'S MAIDEN NAME

Romina ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No -

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mamie Butts 1822 E Biddle St

18. E 816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Crushing Injury of Chest

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Richie Highway + Julian Be. Rd 5200

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Apr 26, 1952

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

In auto into Truck collision

22. I certify that I took charge of the remains described above, held in Jessie + Ing thereon and from
Autops, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Oursachen

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ Apr 27, 1952
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Apr 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Norfolk Va

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, 1722 Bth. & Elliot & Daughter

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 862.2

564 30 - 112977 Caroline St ✓

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1010

20

1011

21

RECEIVED AT NEW YORK

[Faint, mostly illegible text and markings across the page, possibly bleed-through from the reverse side.]

52 4105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4105

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Estelle Dixon</i>			2. DATE OF DEATH <i>April 27, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>19-01</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>337 N. Strickon St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ba/to.</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>337 N. Strickon St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 6, 1891</i>	9. AGE (in years last birthday) <i>60</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Cambridge Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>James</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Macer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Robert Chase</i>			ADDRESS <i>337 N. Strickon St.</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> (A) _____ DUE TO	CAUSE OF DEATH <i>Hypertension</i> (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>11:30 AM</i>			
22. I hereby certify that I attended the deceased from <i>April 27, 1952</i> to <i>April 27, 1952</i> , that I last saw the deceased alive on <i>April 27, 1952</i> , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Milton S. Siskin</i>		23B. ADDRESS <i>1424 W. Fayette St.</i>		23C. DATE SIGNED <i>April 29, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>May 1, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Church Creek Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Church Creek Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	
				ADDRESS <i>Schrock St.</i>	

52 4106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4106

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Goldie McClain

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2523 Woodbrook Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2523 Woodbrook Ave

c. Length of stay in Baltimore

5 SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 10, 1892

9. AGE (In years, last birthday)

60

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Raleigh N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Haywood Williams

14. MOTHER'S MAIDEN NAME

Amelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

George McClain 28 N. Mount St.

ADDRESS

18. 202.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Lymphoblastoma

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2. 6. 52

19B. MAJOR FINDINGS OF OPERATION

Biopsy cervical node - Lymphoblastoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-1952 to 4-27-1952, that I last saw the deceased alive on 4-26-1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Fair (M.D.)

23B. ADDRESS

400 N. Carrollton Ave

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Raleigh

24D. LOCATION (City, town, or county)

R.C. - Raleigh

(State)

N.C.

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

322 N. Schroeder St

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1915

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

INVESTIGATOR'S NAME

DATE OF EXAMINATION

PLACE OF EXAMINATION

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO COUNTY

DATE OF ENTRY INTO TOWNSHIP

DATE OF ENTRY INTO WARD

DATE OF ENTRY INTO BLOCK

DATE OF ENTRY INTO HOUSE

DATE OF ENTRY INTO ROOM

DATE OF ENTRY INTO BED

DATE OF ENTRY INTO CLOSET

DATE OF ENTRY INTO BATH

DATE OF ENTRY INTO KITCHEN

DATE OF ENTRY INTO LIVING ROOM

DATE OF ENTRY INTO DINING ROOM

DATE OF ENTRY INTO PORCH

DATE OF ENTRY INTO GARAGE

DATE OF ENTRY INTO ATTIC

DATE OF ENTRY INTO BASEMENT

DATE OF ENTRY INTO CRAWL SPACE

DATE OF ENTRY INTO SLEEPING PORCH

DATE OF ENTRY INTO BREAKFAST ROOM

DATE OF ENTRY INTO HALL

DATE OF ENTRY INTO CLOSET

DATE OF ENTRY INTO BATH

DATE OF ENTRY INTO KITCHEN

DATE OF ENTRY INTO LIVING ROOM

DATE OF ENTRY INTO DINING ROOM

DATE OF ENTRY INTO PORCH

DATE OF ENTRY INTO GARAGE

DATE OF ENTRY INTO ATTIC

DATE OF ENTRY INTO BASEMENT

DATE OF ENTRY INTO CRAWL SPACE

DATE OF ENTRY INTO SLEEPING PORCH

DATE OF ENTRY INTO BREAKFAST ROOM

DATE OF ENTRY INTO HALL

DATE OF ENTRY INTO CLOSET

DATE OF ENTRY INTO BATH

DATE OF ENTRY INTO KITCHEN

DATE OF ENTRY INTO LIVING ROOM

DATE OF ENTRY INTO DINING ROOM

DATE OF ENTRY INTO PORCH

DATE OF ENTRY INTO GARAGE

DATE OF ENTRY INTO ATTIC

DATE OF ENTRY INTO BASEMENT

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4107
Registered No. 3698

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		George Savage		April 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) 1313 Mosher St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 16-02			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1313 Mosher St			
5. SEX m	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH Jan 1, 1889	9. AGE (in years last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitor		10B. KIND OF BUSINESS OR INDUSTRY Bldg		11. BIRTHPLACE (State or foreign country) Pa	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
				Bertha Savage 1313 Mosher St	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Cerebral hemorrhage		5 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertension and arteriosclerosis		unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-22, 1952 to 4-27, 1952, that I last saw the deceased alive on 4-26, 1952, and that death occurred at 2 A.m., from the causes and on the date stated above.					
23A. SIGNATURE Frank Saunders		23B. ADDRESS 1029 N. Stricker St.		23C. DATE SIGNED 4-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-30-52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) Md		24E. NAME OF CEMETERY OR CREMATORY Mt Auburn		24F. LOCATION (City, town, or county) (State) Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. E. Nelson 1303 Brewster	

CERTIFICATE OF DEATH

I, the undersigned, being a duly qualified Medical Officer of Health for the City and County of New York, do hereby certify that on the _____ day of _____, 19____, at _____, in the City and County of New York, _____, of the age of _____ years, died of _____, as shown by the medical history and the findings of the attending physician, and that the death was not caused by any contagious, infectious, or zoonotic disease, and that the death was not caused by any other disease or condition which would require the application of the provisions of the Sanitary Code of the City and County of New York.

I, the undersigned, being a duly qualified Medical Officer of Health for the City and County of New York, do hereby certify that the death of _____, as shown by the medical history and the findings of the attending physician, was not caused by any contagious, infectious, or zoonotic disease, and that the death was not caused by any other disease or condition which would require the application of the provisions of the Sanitary Code of the City and County of New York.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4108

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA Knepschield

2. DATE
OF
DEATH

4-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 SINAI Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

DUNDALK

D. STREET ADDRESS (If rural, give location)

10 PORT SHIP

5300

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

MARRIED

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

W. A. MORROW

14. MOTHER'S MAIDEN NAME

SARAH E. FREY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ELLEN M. KNEPSHIELD 10 PORT SHIP

18. E903.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PULMONARY Embolism

DUE TO

ANTECEDENT CAUSES

(B)

Fractured Hip

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

William S. Parker M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

4/16/52

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Pine Ave & Dundalk Ave.

fell in church

22. I hereby certify that I attended the deceased from 4-26, 1952, to 4-26, 1952, that I last saw the
deceased alive on 4-26, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William S. Parker

M. O.

SINAI Hospital

4-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

APR 30-1952

MEADOW RIDGE

DORSET MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

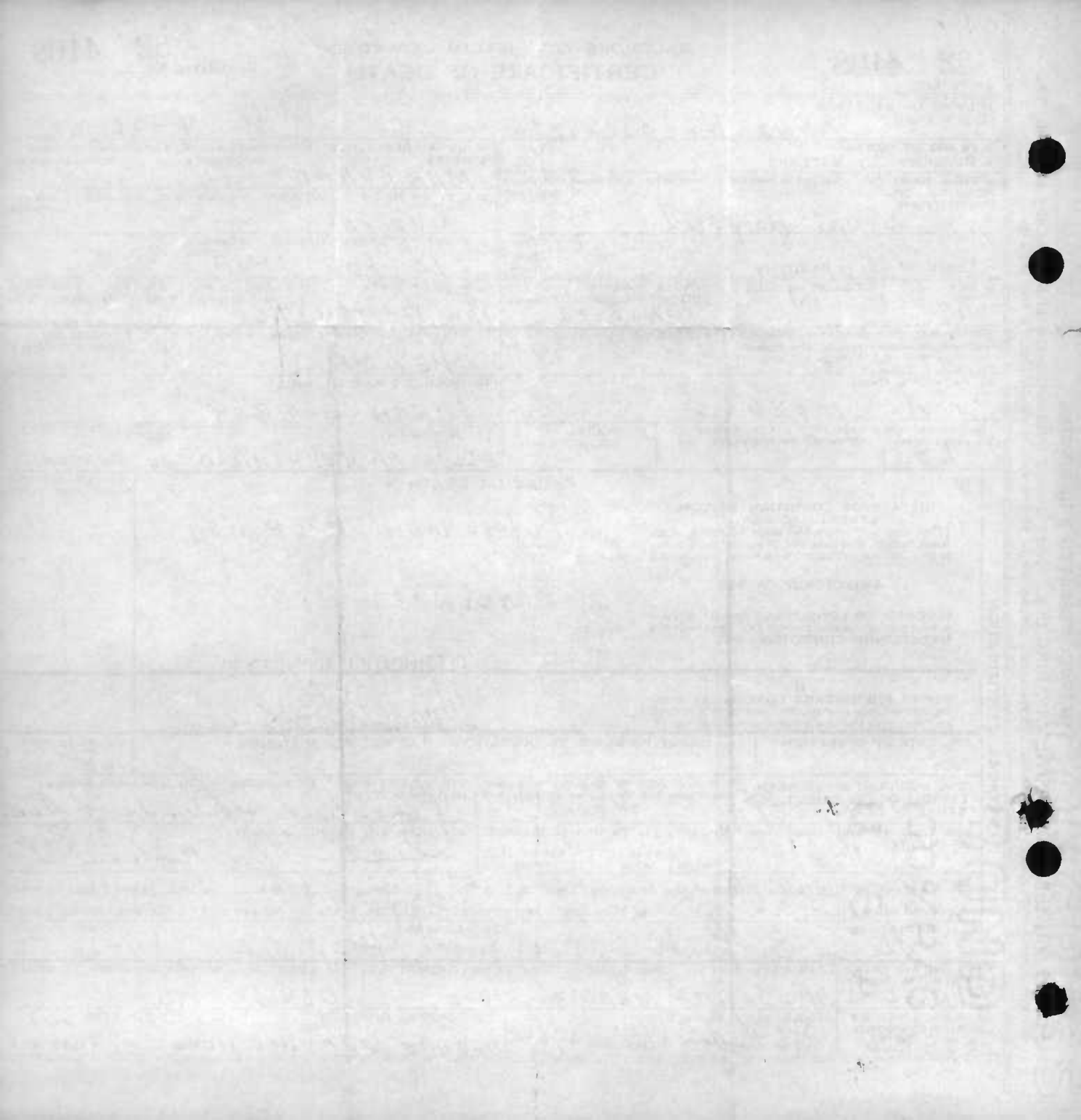
25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams, M.D.

WILLIAM FUNERAL HOME DUNDALK



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL EDWARD LYNCH

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN

Westminster

D. STREET ADDRESS (If rural, give location)

155 E. Main street

c. Length of stay in Baltimore

? 58 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

8/6/86

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired salesman

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John J. Lynch

14. MOTHER'S MAIDEN NAME

Hattie Ousler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

WWI - USA

16. SOCIAL SECURITY NO.

17. INFORMANT

Records- US PHS Hospital, Balto, Md.

ADDRESS

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive cardiovascular disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive encephalopathy

DUE TO

Unknown

(C) Subarachnoid hemorrhage

2 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 29, 1952 to Apr. 27, 1952, that I last saw the deceased alive on Apr. 27, 1952, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond H. Murray, Jr. M.D. Surgeon

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

4/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 1-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery Westminster Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M. Bankard Son Westminster, Md.

ADDRESS

VS 150

49099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4110

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George Wells</i>			2. DATE OF DEATH <i>April 26, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Wood Brady</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY <i>15-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. <i>61</i> Mos. <i>4</i> Days <i>5</i>			D. STREET ADDRESS (If rural, give location) <i>614 Mold St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10-25-88</i>		9. AGE (in years last birthday) <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butler</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hillman Farm</i>	11. BIRTHPLACE (State or foreign country) <i>South Leno, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Nelson Wells</i>			14. MOTHER'S MAIDEN NAME <i>Hassie Butler</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>7</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>177x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Pulmonary infarct</i> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Phlebotrombosis</i> DUE TO		
(C) <i>Carcinoma of prostate</i> DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Patient had hypopharyngeal carcinoma of prostate. Exploratory laparotomy no metastases.

19A. DATE OF OPERATION <i>4-21-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Echopontal edema</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-21-52* to *4-26-52*, that I last saw the deceased alive on *4-26-52*, and that death occurred at *2:55 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Charles L. Ransom</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4-27-52</i>
--------------------------------------------	-----------------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 30 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Brewer Hill Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Annapolis Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. Lee</i>	ADDRESS <i>108 W. Washington St Annapolis, Maryland.</i>

1010

1010

1010

1010

1010

1010

1010

1010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4111**1. NAME OF DECEASED
(Type or Print)**ELIZABETH GERMAN**2. DATE
OF
DEATH**April 27, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**36****Franklin Square Hosp**Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

2512 Huron St 25-3

D. STREET ADDRESS (If rural, give location)

Balto Md

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

1/27/19119. AGE (In years
last birthday)**41**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY**Industry**

11. BIRTHPLACE (State or foreign country)

Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Hutchinson

14. MOTHER'S MAIDEN NAME

Ida Hoppins15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William I German 2512 Huron St18. **491x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Duncker M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

April 27, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952**Huntington Williams, Jr.****Isaac L. Brown Son**

V S 151

69099 108W Montg mery st

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1111 30

1111 30 1111 30

1111 30

1111 30 1111 30

1111 30 1111 30

1111 30

1111 30 1111 30

1111 30

1111 30 1111 30

1111 30 1111 30

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Emrich

2. DATE
OF
DEATH

April 27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Joseph's Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
4229 Nicholas Ave.5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

4229 Nicholas Ave. 6

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 26, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Wilhelm

14. MOTHER'S MAIDEN NAME

Harriet --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. George Emrich 4229 Nicholas Ave. 6

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerosis

Hypertension

6 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

10 yrs.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950 to April 27, 1952, that I last saw the deceased alive on April 5, 1952, and that death occurred at 11:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Swift

M. D.

23B. ADDRESS

3601 Ailsa Ave -14-

23C. DATE SIGNED

4/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 29 1952

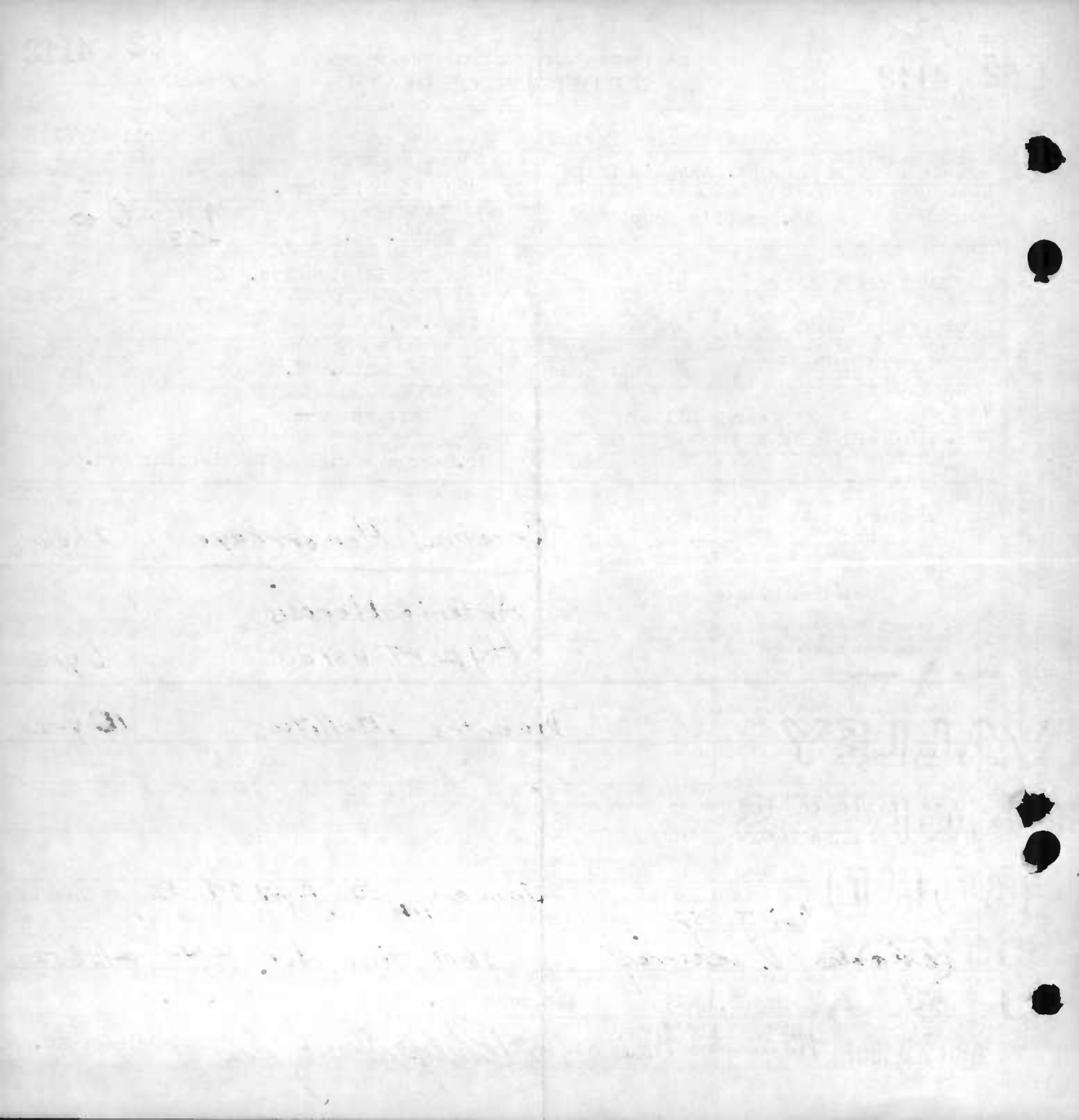
REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Philip's Nursing Home

25. FUNERAL DIRECTOR

ADDRESS

2024 Orleans St. 31



Duckon

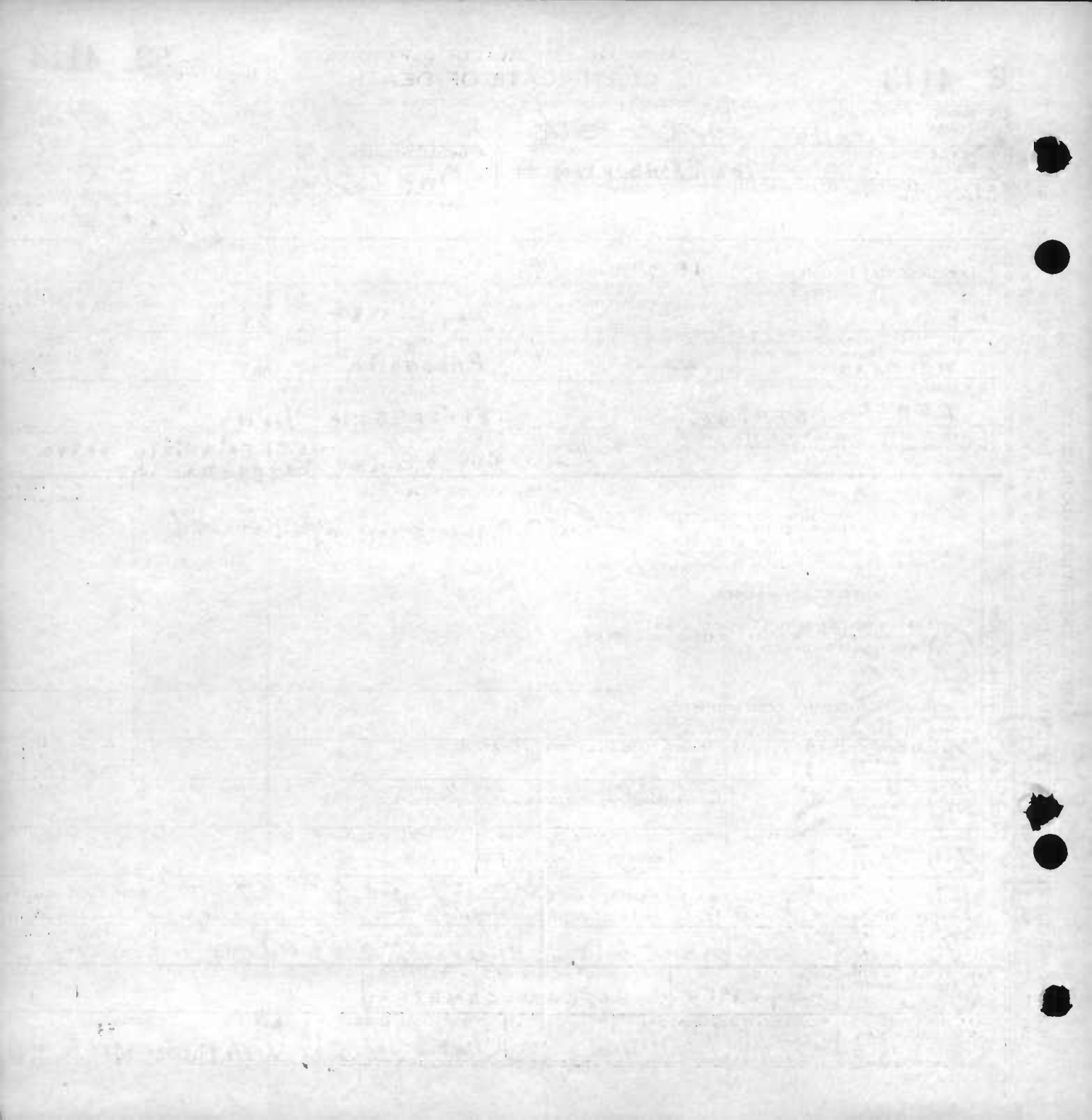
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 4113**

 BIRTH NO. **52 4113**

1. NAME OF DECEASED (Type or Print) ESTELLE Duckon			2. DATE OF DEATH Apr 29 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 703 NASHBURTON ST			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY 28		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) 16-00		
c. Length of stay in Baltimore 10 yr.			D. STREET ADDRESS (If rural, give location)		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH July 2, 1882		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WEI FARE		10B. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) FREDERICK CO. MD		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ISACE STRINE			14. MOTHER'S MAIDEN NAME ELIZABETH Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS GUY B. FOGLE 4557 FAIRFIELD DRIVE BETHESDA, MD.		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of stomach (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO					
19A. DATE OF OPERATION May 2, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 27, 1952 , to Apr 29, 1952 , that I last saw the deceased alive on Apr 23, 1952 , and that death occurred at 2:00 m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Johnson		23B. ADDRESS 403 Med Arts Bldg		23C. DATE SIGNED 4-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 2, 1952	24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY		24D. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952	REGISTRAR'S SIGNATURE Huntington Wilkins	25. FUNERAL DIRECTOR Chas P. Towell		ADDRESS WINDSOR MILLS RD	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4114
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARtha L. WHITING

2. DATE
OF
DEATH

4-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

KENESAW REST HOME

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

ROSLYN AVE

KENESAW REST HOME - ALTA RD.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3401 FAIRVIEW AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct 2-1869

9. AGE (In years

last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES B. Wiggins

14. MOTHER'S MAIDEN NAME

LUCY DEXTER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

KENNETH WHITING-3401 FAIRVIEW AVE

18. 45010

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Congestive heart failure

4 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerotic (Arteriosclerosis)

10 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1923, to 4-28-1952, that I last saw the deceased alive on 4-25-1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Howard J. Warner

M. O.

23B. ADDRESS

2604 Gorman Rd

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAY 1-1952

BALTIMORE CEM.

BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams, M.D.

CHAS P. Towell

6411

Windsor Mill Rd

1111

DATE OF BIRTH

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

1111

F-410
52 4115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4115
Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Susanna Filippi</i>			2. DATE OF DEATH <i>April 27, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md.</i>			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1431 Reynolds St.</i>			C. CITY OR TOWN <i>Baltimore Md</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>1431 Reynolds St.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>N.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan. 5 1868</i>		9. AGE (In years, last birthday) <i>84</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Austria Hungary (yes)</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Rosenauer</i>			14. MOTHER'S MAIDEN NAME <i>Susanna Rosenauer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Failure</i> <i>Chronic myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Feb 3/51</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arterial hypertension</i> <i>arterio-sclerosis</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 3, 1951</i> , to <i>April 27, 1952</i> , that I last saw the deceased alive on <i>April 20, 1952</i> , and that death occurred at <i>7:00 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John H. Brunner</i>		23B. ADDRESS <i>721 W. Kenwood Ave</i>		23C. DATE SIGNED <i>April 28/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross Cem</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Holy Cross Cem</i>		24F. LOCATION (City, town, or county) <i>Brooklyn Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Charles F. Dill 1501 E. Fort Ave</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting across the top section of the page]

[Faint, illegible handwriting in the middle section of the page]

[Faint, illegible handwriting in the bottom section of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4116**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Edward Dorsey

2. DATE
OF DEATH **Apr. 28, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4633 Harford Road

C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4633 Harford Road

C. Length of stay in Baltimore

50Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 11, 1877

9. AGE (in years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Uniform Factory

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Edward Dorsey

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
217-03-9732

17. INFORMANT

ADDRESS

Mrs. Helen H. Dorsey 4633 Harford Road1B. **163x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Lung

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

Am BronchitisII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **19 25** to **Apr 28, 1952**, that I last saw the deceased alive on **Apr 25, 1952** and that death occurred at **2 A** m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. J. King

23B. ADDRESS

2700 Harford Road

23C. DATE SIGNED

Apr 28 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-30-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4117

655
52 4117 *Don Leo*

BIRTH NO. *Don Leo*

1. NAME OF DECEASED (Type or Print) *Brent Berryman*

2. DATE OF DEATH *April 28, 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *N. J.* B. COUNTY *V-27*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

5. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Maplewood

D. STREET ADDRESS (If rural, give location)
20 Russian Road

5. SEX *male* 6. COLOR OR RACE *white* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *single*

8. DATE OF BIRTH *1-5-48* 9. AGE (In years: last birthday) *4* 10. Under 1 Year: Months: Days 11. Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Child* 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Orange N.J.* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *John H. Berryman* 14. MOTHER'S MAIDEN NAME *Luth Mae Callum*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *754.0* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary edema*
DUE TO

ANTECEDENT CAUSES

(B) *Tetralogy of Fallot*
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *✓* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-19*, 1952, to *4-28*, 1952, that I last saw the deceased alive on *4-28*, 1952, and that death occurred at *6:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *John H. Berryman* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *4-29-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *5/1/52* 24C. NAME OF CEMETERY OR CREMATORY *Parkwood* 24D. LOCATION (City, town, or county) (State) *Baltimore Md*

DATE RECEIVED BY LOCAL REGISTRAR *APR 29 1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *J. Kuck* ADDRESS *5305 Bayford Rd*

VS 150

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

7-14-93

UNITED STATES DEPARTMENT OF JUSTICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4118**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET A. DIETZ

2. DATE OF DEATH
April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **410 S. Highland Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Life

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
410 S. Highland Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 23, 1875

9. AGE (in years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Md. Hist. Society

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hippolitus Dietz

14. MOTHER'S MAIDEN NAME

Augusta Stock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Paul Wille 410 S. Highland Ave.

18. **422.1 and 151X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocarditis.

INTERVAL BETWEEN ONSET AND DEATH

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis.

1 year

(C)

Carcinoma of Stomach

6 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-14-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan**, 19**40**, to **April**, 19**52**, that I last saw the deceased alive on **April 26, 1952** and that death occurred at **3:00 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Erberth A. Fortuna Jr. M.D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

4/29/52

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus Cem.

24D. LOCATION (City, town, or county) (State)

7401 German Hill Rd., Ba. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Geiler

ADDRESS

901 S. Conkling St.

2706

St Paul St

M 460
52 4119BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS EVA MILLER

2. DATE
OF
DEATH

4/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

CHURCH HOME & HOSPITAL

C. Length of stay in Baltimore

69

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct 13/1882

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

GEORGE KERNER

14. MOTHER'S MAIDEN NAME

JOSEPHINE MIDDENDORF

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

—

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CHURCH HOME & HOSPITAL

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CEREBRAL HEMORRHAGE 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

ARTERIOSCLEROSIS &
HYPERTENSION

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4/25, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/27, 1952, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams, M.D.

John G. Connolly - 4106 Eastern Ave.

VS 150

Balto 21
Md.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

111

UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

ADJUTANT GENERAL

OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.
20315-5000
ADJUTANT GENERAL
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.
20315-5000

(1)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4120

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHERMAN, MISS DELLA

2. DATE
OF
DEATH

4-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home and Hospital

Maryland
BaltimoreC. CITY OR TOWN (If outside corporate limits, write full name and give
township)

12-04

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2021 N. Calvert St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

12-28-1868

9. AGE (in years
last birthday)

84 83

If Under 1 Year

Months: Days

3 29

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Sherman

14. MOTHER'S MAIDEN NAME

Lara Berengor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

—

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Della Sherman (pt.)

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of rectum

DUE TO

C Intestinal Obstruction

~1 yr

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-20-52

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction due to Ca of rectum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1952 to 4-27, 1952 that I last saw the
deceased alive on 1952 and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Williams

M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

4/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

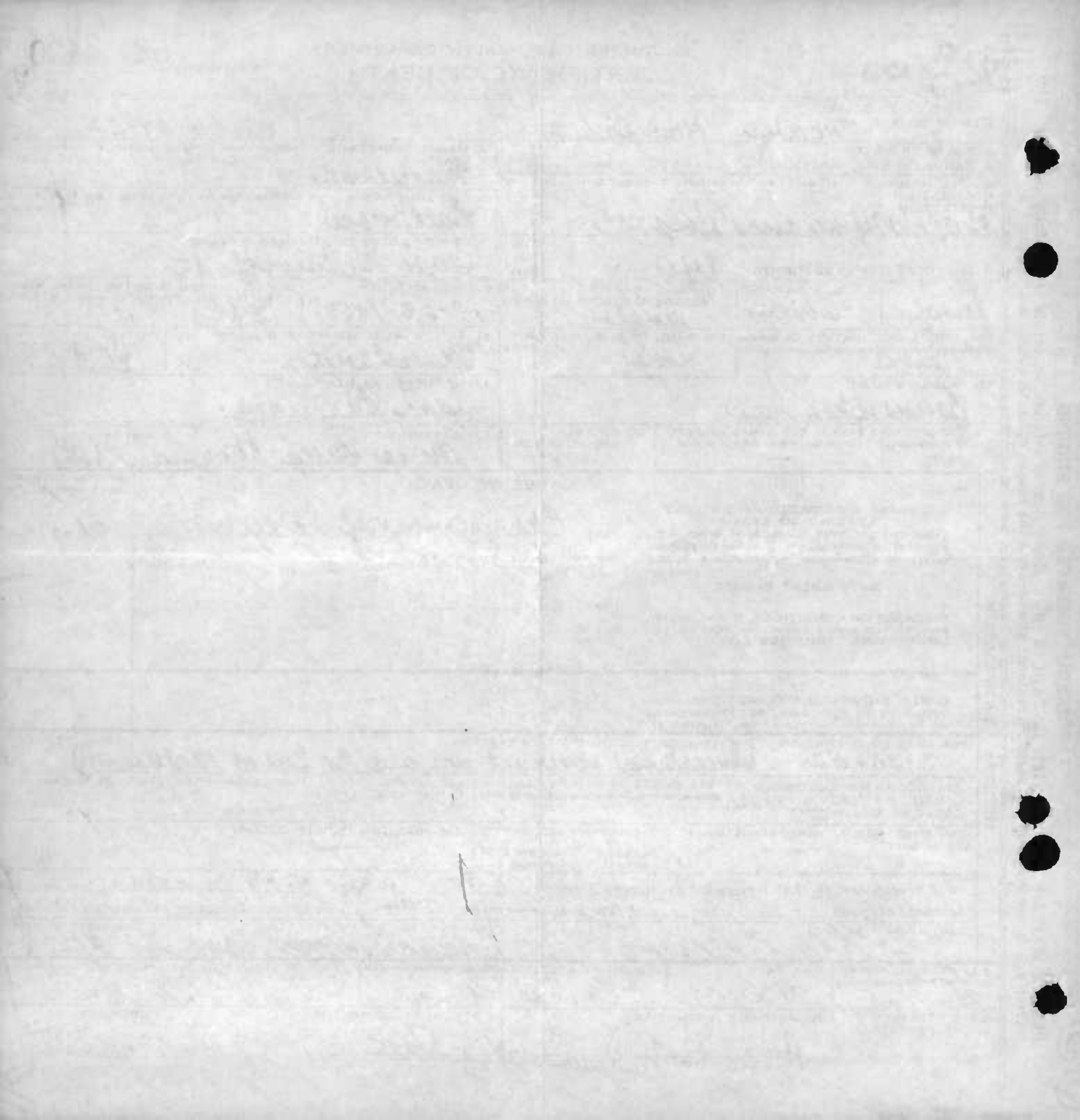
ADDRESS

Wm Cook Inc. 1217 St. Paul St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4121BIRTH NO. 52 41211. NAME OF DECEASED
(Type or Print)MM SYLVIA L. SHEPHERD2. DATE
OF
DEATH4/28 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE MDB. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONLuttrell Hospital of Maryland, Inc.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Essex

D. STREET ADDRESS (If rural, give location)

31 B. Westway North5200

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

17 Feb. '069. AGE (In years
last birthday)46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYOwn Home

11. BIRTHPLACE (State or foreign country)

West Virginia12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Lee Chester Watkins

14. MOTHER'S MAIDEN NAME

Mary E. Stewart15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Amos Shepherd, 31 B. Westway North
Essex, Md.18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Subarachnoid hemorrhage48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) aneurysm circle of willis?

DUE TO

(C) —II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g. in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1952 to 4/28, 1952 that I last saw the
deceased alive on 4/28, 1952 and that death occurred at 8:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William T. Krumer

M. D.

23B. ADDRESS

Luttrell Hospital

23C. DATE SIGNED

4/28 '5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Removal

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

Morgantown, W. Va.

24D. LOCATION (City, town, or county)

Morgantown, West Va.DATE RECEIVED BY
LOCAL REGISTRAR

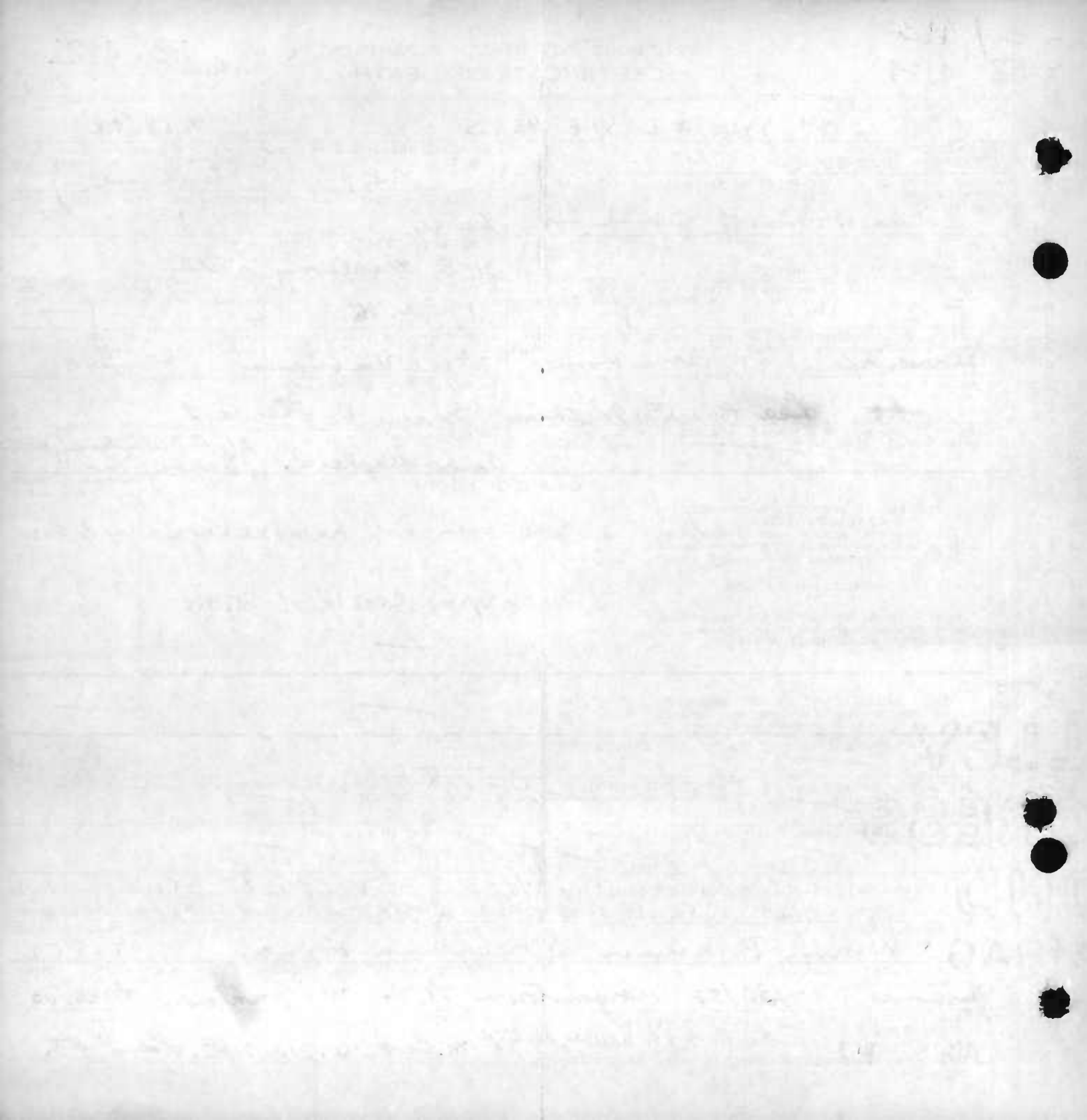
REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.APR 29 1952



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4122
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL SHAFFER

2. DATE
OF
DEATH

APRIL 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION

Wyman Pk. Drive & 1st Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

518 W. Saratoga street

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/14/97

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck driver

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Shaffer

14. MOTHER'S MAIDEN NAME

Mathilda Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

WWI- USA

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Nephrosclerosis with uremia

Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.Myocardial insufficiency, myocardial
hypertrophy

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1952 to Apr. 28, 1952, that I last saw the
deceased alive on Apr. 28, 1952, and that death occurred at 8:45A. m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

4/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

4/29/52

24C. NAME OF CEMETERY OR CREMATORY

Grandview Cemetery

24D. LOCATION (City, town, or county)

Johnstown, Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 29 1952

Huntington Williams, M.D.

Wm Cook, Jr.

1217 St. Paul Street

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR, FBI

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

41. [Illegible]

42. [Illegible]

43. [Illegible]

44. [Illegible]

45. [Illegible]

46. [Illegible]

47. [Illegible]

48. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4123**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Claude W. Jordan

2. DATE OF DEATH **4-28-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION **D.O.A. St. Josephs Hospital
1400 N. Caroline Street**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location) **1821 N. Duncan Street**

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH

Nov. 28th., 1885

9. AGE (in years last birthday)

66

If Under 1 Year Months: Days

5

0

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jordan

BLDG.

14. MOTHER'S MAIDEN NAME

Marie

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

214-01-4569

17. INFORMANT ADDRESS **Mrs. Margaret R. Jordan - 1821 N. Duncan St.**

18. **421.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Valvular Heart disease**
DUE TO

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 15**, 1951, to **Apr 28**, 1952, that I last saw the deceased alive on **Apr 25**, 1952, and that death occurred at **9 A** m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Fisher

23B. ADDRESS

3422 Belair Rd

23C. DATE SIGNED

4/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 1st. 1952

24C. NAME OF CEMETERY OR CREMATORY

St Johns Cemetery

24D. LOCATION (City, town, or county) (State)

Harford Rd. & Putty Hill Ave, Balto: County

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

42 68.10.10 16 21 1000
AP

AP

457, 458, 459, 460

1875

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4124**

BIRTH NO. **52 4124**

1. NAME OF DECEASED (Type or Print) Robert H. Smith			2. DATE OF DEATH 4-29-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Maflewood apt.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 824 Belgian ave.			C. CITY OR TOWN (If outside corporate limits, write Rural, and give township) Baltimore		
c. Length of stay in Baltimore 8 years.			D. STREET ADDRESS (If rural, give location) 824 Belgian ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-14-1873		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Truman Smith			14. MOTHER'S MARDEN NAME Joanna Dixon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no.		
17. INFORMANT Rachel E. Smith			ADDRESS 824 Belgian ave Baltimore, Md.		

18. **442X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio-vascular renal disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , to 4-29-52 , that I last saw the deceased alive on 4-29-1952 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE C. L. Ewald		23B. ADDRESS 36 York Court		23C. DATE SIGNED 4-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-2-1952		24C. NAME OF CEMETERY OR CREMATORY Stapewell	
24D. LOCATION (City, town, or county) (State) Port Deposit, Cecil Co. md.		25. FUNERAL DIRECTOR Lee A. Patterson & Son		ADDRESS Perryville, md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952		REGISTRAR'S SIGNATURE Huntington Williams			

ROUND

100/RAG

U.S.A.

Handwritten text, possibly a signature or date, appearing as "June 1950" and "1950".

VALLEY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4125

BIRTH NO. 52-09636

1. NAME OF DECEASED
(Type or Print)

Baby Bay

2. DATE
OF
DEATH

April 29, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Cross

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 27-10

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

822 Belgian Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-26-52

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Newborn

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Union Memorial

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Carville J. Cross

14. MOTHER'S MAIDEN NAME

Anne Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mother

ADDRESS

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/26, 1952, to 4/29, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert W. Audley, Jr.

M. D.

23B. ADDRESS

Union Memorial

23C. DATE SIGNED

4/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 4126

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK L. TUREK

2. DATE
OF
DEATH

4-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

715 N. Rose St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

715 N. Rose St

c. Length of stay in Baltimore

53

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-24-1899

9. AGE (In years: last birthday)

53

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Motor man

10B. KIND OF BUSINESS OR INDUSTRY

TRANSIT CO

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

US.

13. FATHER'S NAME

Vaclav TUREK

14. MOTHER'S MAIDEN NAME

Katherine Rachac

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

213-10-2652

17. INFORMANT

Wm Turek 715 N. Rose St

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

Atherosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/25, 1952, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Towhey

23B. ADDRESS

441 S. Edwood Ave

23C. DATE SIGNED

4/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-30-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm E. Broch 2716 E Monument St

ADDRESS

APR 29 1952

VS 150

661 51

8818

1000

1000

1000

1000

1000

1000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 4127

52 4127
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LESTER LEROY WALKER			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Michigan B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Detroit		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6117 Chalmers Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1898	9. AGE (in years last birthday) 53	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY B.M.W. Motorcycles	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Walker			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 382-18-3630	17. INFORMANT ADDRESS Mrs. Veronica Walker 6117 Chalmers Ave Detroit Mich		

18. E821.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Craniocerebral injury DUE TO	CAUSE OF DEATH 6117 Chalmers Ave Detroit Mich	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hilton Street and Edmondson Avenue 20/7
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 28, 1952 3:45 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Motorcycle skidded and driver fell off
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>Stanley B. Dunbar</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED April 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 2, 1952	24C. NAME OF CEMETERY OR CREMATORY St. Mary Cemetery
24D. LOCATION (City, town, or county) (State) Brighton Michigan		

DATE RECEIVED BY LOCAL REGISTRAR APR 29 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Maryland
V S 151	N803.2	49060
<i>George E. Sander</i>		

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

4137

1000

RECEIVED

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

W-410
240 52 4128BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4128
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cliff A. Wolf (Quigley)

2. DATE
OF
DEATH

Apr 27.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Metchor Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1029 Overbrook Rd

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Oct 14

9. AGE (In years

last birthday)

59

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis C. Wolf

14. MOTHER'S MAIDEN NAME

Catherine Schmieder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

Home

17. INFORMANT

Mrs. Helen Bushman 1029 Overbrook Rd

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension C-V Dis.
Atherosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

L. Hemiplegia

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 1, 1950, to April 27, 1952, that I last saw the
deceased alive on Apr. 14, 1952, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Conner

23B. ADDRESS

6007 York Rd

23C. DATE SIGNED

4/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 1, 52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Paul A. DeWann 6067 York Rd

ADDRESS

APR 30 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WANT TO
COLLECT
BOOKS
100% FREE
A. 2. 18

2-520
52 4129BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4129

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY HESS ZINK

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-14

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4535 Schenley Road, Balto 10, Md.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 31, 1896

9. AGE (In years last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Car Taker

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John J. Zink

APT. HOUSE

14. MOTHER'S MAIDEN NAME

Annie Hess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

1st World War

16. SOCIAL SECURITY NO.

—

17. INFORMANT ADDRESS

Union Memorial Hospital records.

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) UREMIA & TERMINAL GASTRO-
DUE TO INTESTINAL HEMORRHAGE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIOVASCULAR DISEASE ?

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) PULMONARY INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

?

1

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 11, 1952, to April 27, 1952, that I last saw the deceased alive on April 27, 1952, and that death occurred at 5:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Bush

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

4-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Apr 30 52

Sherwood Ave Cockeysville Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

R 30 1952

Huntington Williams

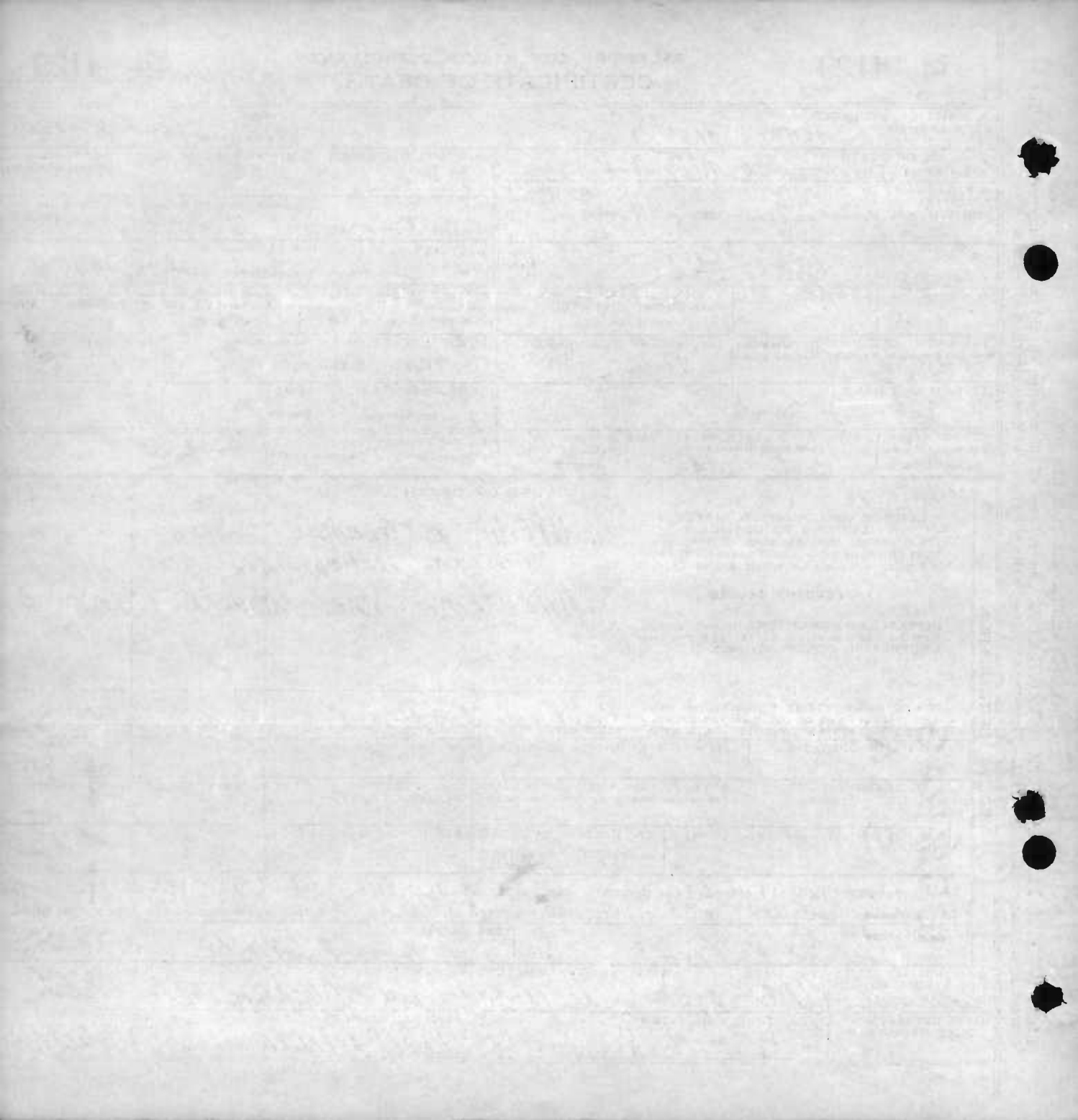
Metcalfe & Beermann

6067 Bay Rd

VS 150

77074

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



510

52 4130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 4130

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

AMELIA KNIPP

2. DATE
OF DEATH April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1821 Park Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-02D. STREET ADDRESS (If rural, give location)
1821 Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 18, 1860

9. AGE (in years, last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Never Worked

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Jacob Knipp

14. MOTHER'S MAIDEN NAME

Mary B.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Gertrude B. Knipp -- 1821 Park Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral vascular accident probably
thrombosis
DUE TO

10/29/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardio-vascular
disease.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 14, 1934 to April 28, 1952 that I last saw the deceased alive on April 28, 1952, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George A. Knipp

M. D.

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

April 29, '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

Balto 17, Md.

CERTIFICATE OF DEATH

IN CASE OF DEATH

DECEASED

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

616 52 4131 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				5-23-52 52 4131 Registered No.	
BIRTH NO.				1. NAME OF DECEASED (Type or Print) <i>Judel H. Berber</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				2. DATE OF DEATH <i>4/28/52</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>42 Sinai Hospital</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MO.</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-20</i> D. STREET ADDRESS (If rural, give location) <i>3813 Shattmore Ave</i>	
c. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days				5. DATE OF BIRTH <i>?</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		9. AGE (In years last birthday) <i>84 86</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Metal Business</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Morton Jacob</i>				14. MOTHER'S MAIDEN NAME <i>Mollie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Minnie Berber</i> ADDRESS <i>Same</i>	
18. <i>420.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Ventricular Tachycardiac Fibrillation</i> DUE TO ANTECEDENT CAUSES (B) <i>Myocardial Infarction</i> DUE TO (C) <i>Arteriosclerotic Cardiovascular Disease</i>				INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/28</i> , 1952, to <i>4/29</i> , 1952, that I last saw the deceased alive on <i>4/28</i> , 1952, and that death occurred at <i>1200 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Max J. Miller M.D.</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>4/29/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/30/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Windsor Hill Rd</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. (State) <i>Md.</i>		24F. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1952</i>	
24G. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24H. FUNERAL DIRECTOR <i>Jack Lewis</i>		24I. ADDRESS <i>2100 E. Enoch Pl.</i>	

123

52 4132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4132
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE DIAMOND

2. DATE
OF
DEATH

4/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 6-03

D. STREET ADDRESS (If rural, give location)

8 N Collington Ave

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Israel Jackson

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ester Sterling - Same

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Ventricular Fibrillation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Infarct

(C) Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1952, to 4/29, 1952, that I last saw the
deceased alive on 4/21, 1952, and that death occurred at 3:44 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Mary J. Miller

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 30 1952

Huntington Williams, M.D.

2100 Cutaw Rd

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED
SEX
AGE
MARITAL STATUS
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

SIGNATURE OF WITNESS

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

COPIES
3000
3000
3000
3000

52 4133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4133
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DORA SCHNEEHAGEN

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR 5009 Govane Avenue location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

5009 Govane Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

May 20, 1872

9. AGE (In years

last birthday) 79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germaney

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. William Schneehagen, Towson, Md.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocarditis
DUE TO

3 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cardiac asthma
DUE TO

1 yr

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify) No21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1950 to Apr 1952, that I last saw the
deceased alive on 27 Apr, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Parkville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 30 1952

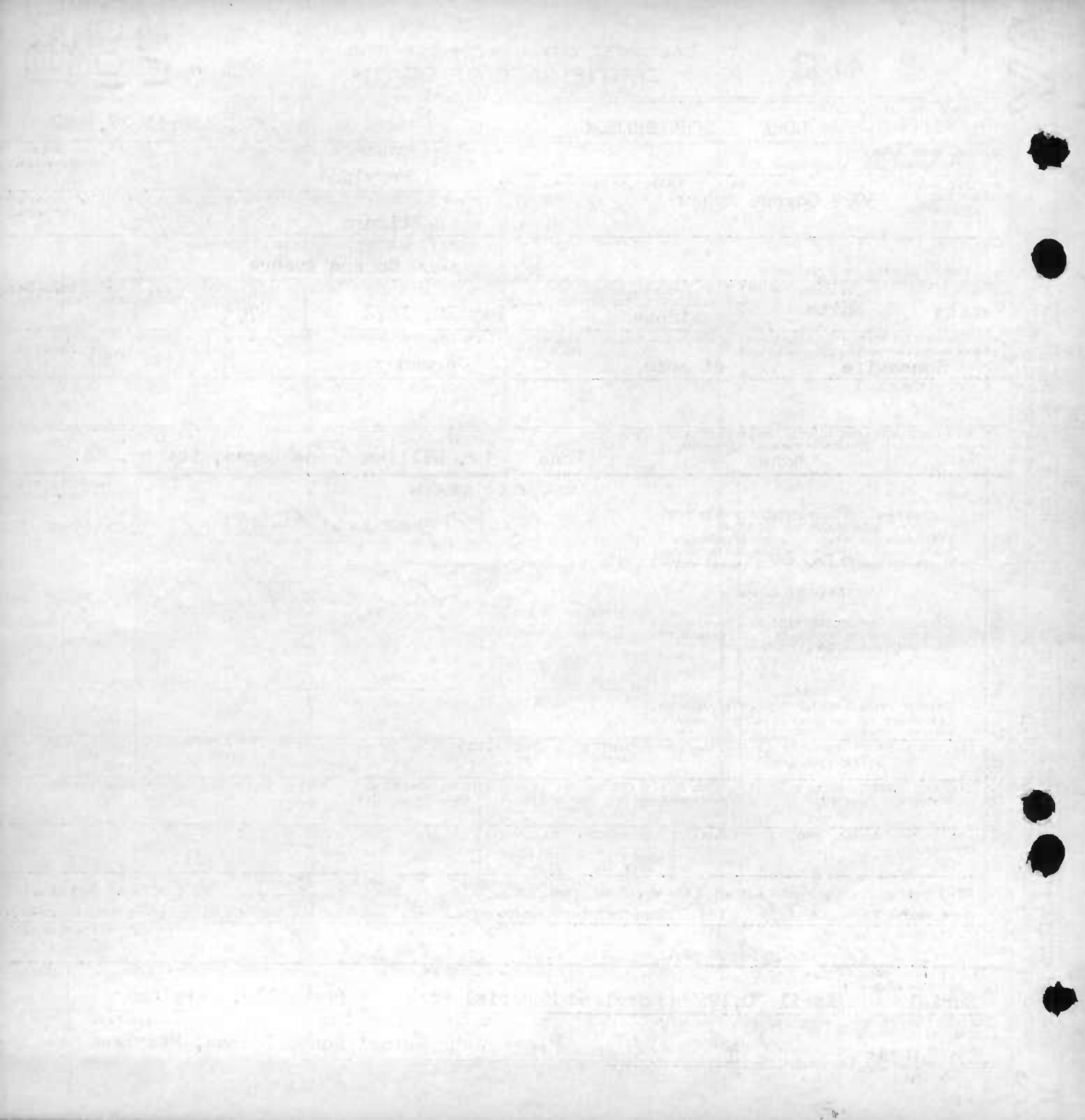
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland



52 4134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4134

BIRTH NO.

Non Res

1. NAME OF DECEASED
(Type or Print)

William F. MEHRING

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Carroll

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

38 UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Keymar

c. Length of stay in Baltimore

9

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Rural

5500

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 19, 1947

9. AGE (In years
last birthday)

4

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Mehring

14. MOTHER'S MAIDEN NAME

Doris Koons

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Father, William Mehring

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Medullary edema

10 Min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Malignant glioma of brain ?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Trepines and occipital craniotomy

12 hrs

19A. DATE OF OPERATION

4/29/52

19B. MAJOR FINDINGS OF OPERATION

Glioma of vermis of cerebellum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

No

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 4/21, 1952, to 4/30, 1952, that I last saw the
deceased alive on 4/30, 1952, and that death occurred at 130 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hester K. Carter

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

4/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 2-52

24C. NAME OF CEMETERY OR CREMATORY

Reformed Church Cem.

24D. LOCATION (City, town, or county)

Tannertown Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

K. O. Fuss & Son Tannertown Md

APR 30 1952

VS 150

1911

RECEIVED BY THE
OFFICE OF THE
TREASURER

1911

TO THE HONORABLE
THE SECRETARY OF THE
NAVY
WASHINGTON, D. C.
DEAR SIR:
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter of the purchase of the land for the proposed new building for the Bureau of Naval Ordnance, and in reply to inform you that the same has been referred to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
J. D. [Signature]

Very truly yours,
J. D. [Signature]

52 4135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4135

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALEXANDER

SPENCE

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1026 S. Eutaw Street

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-17-1893

9. AGE (In years
last birthday)

39

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Labor - gen.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

217-05-2524

17. INFORMANT

ADDRESS

Maggie Spence - 1026 S. Eutaw St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

April 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-2-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

B. J. Juggs

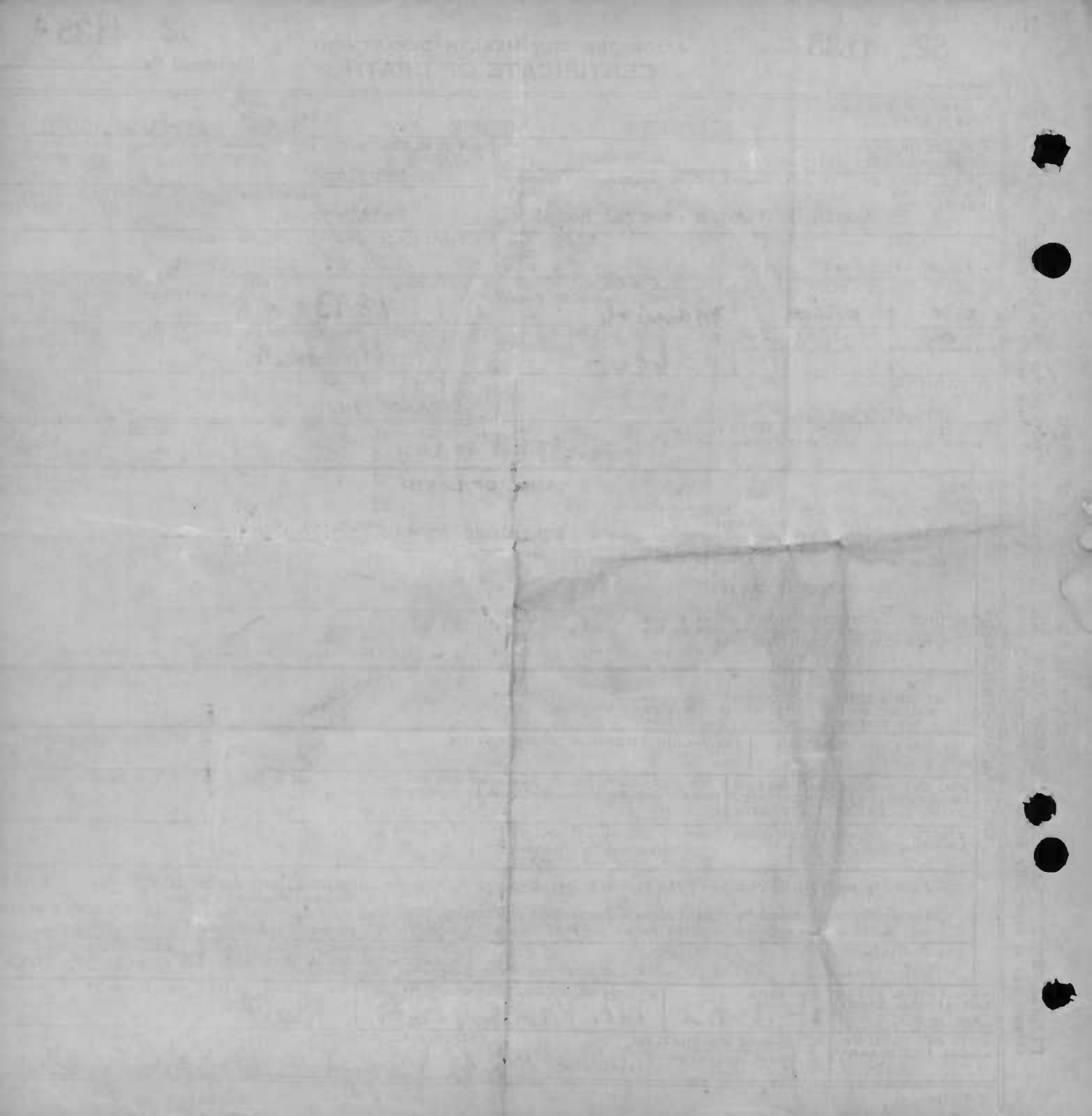
ADDRESS

1324 Hamley St.

VS 151

97099

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



AB-156578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4136
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence Neukam

2. DATE
OF
DEATH

April 28-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

621 N. Rose St. zone 5

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 22, 1879?

9. AGE (In years
last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR INDUSTRY

C. Hohman Co.

11. BIRTHPLACE (State or foreign country)

Maryland - Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Neukam

(R)
(Dec.)

14. MOTHER'S MAIDEN NAME

Elizabeth Holman (Wolman)

(Dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

578X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

origin

(A) Rectal bleeding - origin undetermined

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Old Myocardial infarction.
Cirrhosis of liver
Arterio sclerosis generalized - Undet.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-1952, to 4-28-1952 that I last saw the deceased alive on 4-28-1952, and that death occurred at 1.40AM., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-28-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd. Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimineck Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

PLACE OF BIRTH

SEX

DATE

TIME

PLACE

CAUSE

REPORTED BY

SIGNATURE

DATE

PLACE

DATE

TIME

PLACE

CAUSE

REPORTED BY

SIGNATURE

DATE

PLACE

DATE

TIME

PLACE

CAUSE

REPORTED BY

SIGNATURE

DATE

PLACE

DATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Henriette van den Berg

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1433 Park Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1433 Park Ave.

c. Length of stay in Baltimore

65 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 26, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Holland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

O. O. van den Berg

14. MOTHER'S MAIDEN NAME

Harmina Blickman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George A. Hoffman 5522 Wayne Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

10 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension
Myocarditis
EndocarditisGradual
✓
✓

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from July 1935 to April 27, 1952, that I last saw the deceased alive on 4-26, 1952 and that death occurred at 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Govans Presbyterian

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 4138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4138

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary C. Schwab

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

City

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1701 Eutaw Place

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Malborough Apt. Eutaw Place

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 14, 1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: Days

7 14

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Housework

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Schwab

14. MOTHER'S MAIDEN NAME

Sara Constant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mr. Henry Schwab

ADDRESS

1701 Eutaw Pl
Baltimore

18. 465X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Multiple Pulmonary Infarctions

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Unknown cause

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Genuinely Atherosclerotic
Dysrhythmia Old Heart Attack

CERTIFICATE APPROVED BY

M.D.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER
20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1945, to April 28, 1952, that I last saw the
deceased alive on April 27, 1952, and that death occurred at 6A m., from the causes and on the date stated above.

23A. SIGNATURE

Othello D. Hahn

23B. ADDRESS

1825 Park Ave

23C. DATE SIGNED

4/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 52

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county)

08Donnel St. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

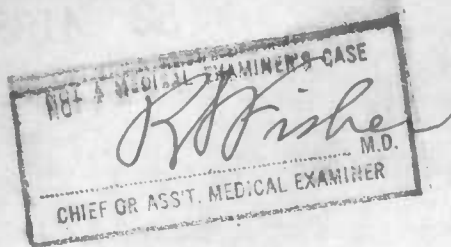
APR 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

2. FUNERAL DIRECTOR'S ADDRESS

David R. Martin, 1902 Eutaw Place
Baltimore, Md.



52 4139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4139

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTIAN (CHRIS) STANCLIFF

2. DATE
OF
DEATH April 28, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

2003 Bauernschmidt Alley

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/4/1910

9. AGE (In years,
last birthday)

42

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painting

10B. KIND OF BUSINESS OR
INDUSTRY

OWN

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leslie Stancliff

Const.

14. MOTHER'S MAIDEN NAME

Lucille Tressler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gertrude Stancliff (above address)

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

April 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-2-52

24C. NAME OF CEMETERY OR CREMATORY

Mount Carmel

24D. LOCATION (City, town, or county)

Baltimore, Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc.-1217 St. Paul St.

VSR 151

5-6424

0111 82

RECEIVED THE NEW YORK
CENTRAL & WESTERN

0111 82

TO THE NEW YORK CENTRAL & WESTERN

NEW YORK

FROM THE NEW YORK CENTRAL & WESTERN

NEW YORK

DATE OF DEPARTURE

DATE OF DEPARTURE

TIME OF DEPARTURE

TIME OF DEPARTURE

CLASS OF SERVICE

CLASS OF SERVICE

FARE

FARE

TICKET NO.

TICKET NO.

NAME OF PASSENGER

NAME OF PASSENGER

DATE OF ISSUE

DATE OF ISSUE

PLACE OF ORIGIN

PLACE OF ORIGIN

PLACE OF DESTINATION

PLACE OF DESTINATION

NAME OF AGENT

NAME OF AGENT

ADDRESS OF AGENT

ADDRESS OF AGENT

TELEPHONE NO.

TELEPHONE NO.

STATION

STATION

TRAIN NO.

TRAIN NO.

CLASS OF SERVICE

CLASS OF SERVICE

FARE

FARE

TICKET NO.

TICKET NO.

NAME OF PASSENGER

NAME OF PASSENGER

DATE OF ISSUE

DATE OF ISSUE

PLACE OF ORIGIN

PLACE OF ORIGIN

PLACE OF DESTINATION

PLACE OF DESTINATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4140**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Thomas P. Kelson**2. DATE
OF
DEATH**APR 27 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Surge Hall 28

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**15-01**

D. STREET ADDRESS (If rural, give location)

1675 W. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

9-6-709. AGE (In years
last birthday)**81**# Under 1 Year
Months: Days# Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

James Kelson

14. MOTHER'S MAIDEN NAME

Annie Hammond15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. **E919.0 and 331X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE, OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Pulmonary embolism****4 Days**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **1st + 2nd° burns, buttocks, legs**

DUE TO

(C) **CRA**

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Stanley K. Duncanson**
M. D.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**home**21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**1675 W. North Ave. 15/1**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**7/22/52**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

stroke
burned in bath after sustaining22. I hereby certify that I attended the deceased from **4-23-1952** to **4-27-1952** that I last saw the deceased alive on **4-27-1952** and that death occurred at **7:00** m., from the causes and on the date stated above.

23A. SIGNATURE

John Burroughs

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-27-5224A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

May 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

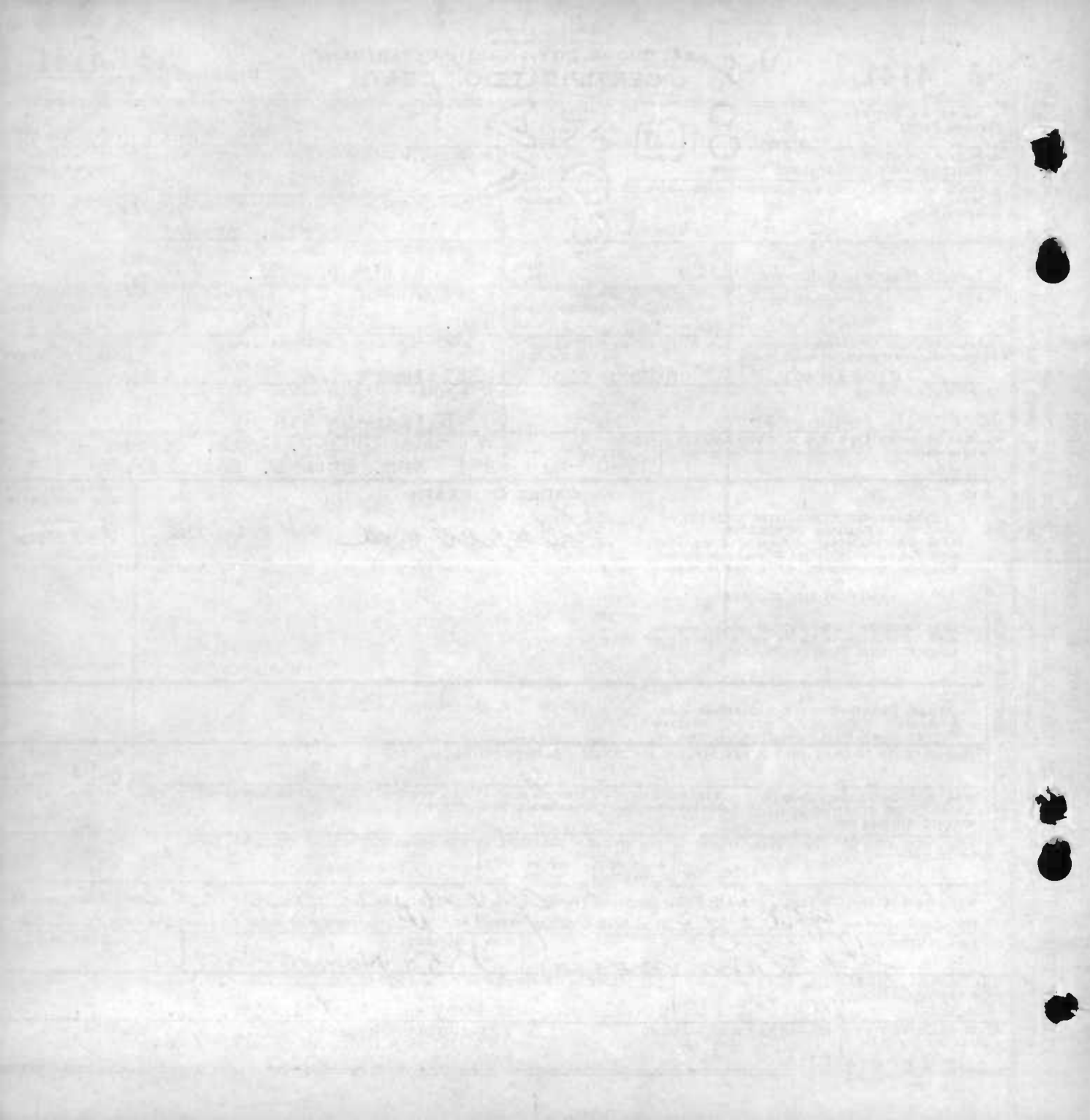
25. FUNERAL DIRECTOR

Robert H. Young

ADDRESS

1532 E. Mount Vernon

7



R-262
4142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4142

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES A. ROGERS

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1735 E. Federal Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1735 E. Federal Street

C. Length of stay in Baltimore

27 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 29, 1892

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months

11. Under 24 Hours
Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Weight master

10B. KIND OF BUSINESS OR
INDUSTRY

Potomac R.R.

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Rogers

14. MOTHER'S MAIDEN NAME

Anna Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT 1735 E. Federal Street
MRS. GRACE E. ROGERS

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Arteriosclerosis

2 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from July 30, 1951, to April 27, 1952, that I last saw the
deceased alive on April 26, 1952, and that death occurred at 7:22 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Leenzer

23B. ADDRESS

1520 E. 33rd St

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/30/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 30 1952

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., MD.

VS 150

390 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

STATE OF CALIFORNIA

DECLASSIFIED
DATE 10/10/00
BY 60321
REASON FOR DECLASSIFICATION
25X

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4143

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Ballanger

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

784 W. Mulberry St.

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

784 W. Mulberry St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 9, 1930

9. AGE (in years)

22

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTH PLACE (State or foreign country)

Spartanburg S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Law Ballanger

14. MOTHER'S MAIDEN NAME

Gertrude Payton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gertrude Ballanger

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1952 to 4/28, 1952, that I last saw the deceased alive on 4/28, 1952 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. T. J. ... M.D.

23B. ADDRESS

522 N. Arlington

23C. DATE SIGNED

4/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. ...

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4144**BIRTH NO. **52-09586**1. NAME OF DECEASED
(Type or Print)**Baby Boy BAKER**2. DATE
OF
DEATH**4-29-52**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**UNIVERSITY Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RURAL - HERNDALE

D. STREET ADDRESS (If rural, give location)

4917 Brookwood Road, BALTIMORE 25, MD.

c. Length of stay in Baltimore

10 min.

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

4-29-529. AGE (In years,
last birthday)**10 min.**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**NONE**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Vernon Leon Baker, Jr.

14. MOTHER'S MAIDEN NAME

Violet Nancy Greene15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**NO**

17. INFORMANT

Vernon Leon Baker Jr.

ADDRESS

Same as 418. **776x**

CAUSE OF DEATH

FetusINTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) **Non-Viable Fetus - Wt. 283 gm.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) **Premature Labor**(C) **Spontaneous**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from **4-29**, 19**52**, to **4-29**, 19**52**, that I last saw the
deceased alive on **4-29**, 19**52**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

H. Kaltheide

M. D.

23B. ADDRESS

University Park

23C. DATE SIGNED

4/30/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL**MAY 1 1952****GLEN HAVEN****ANNE ARUNDEL Co., MD**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 30 1952**Winton Williams, MD****GEORGE J. GONCE 4001 Ritchie**

VS 150

Ne-y.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of jury		14. Signature of witnesses		15. Signature of family	
16. Signature of neighbors		17. Signature of community		18. Signature of church	
19. Signature of school		20. Signature of business		21. Signature of other	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

B. 652
52 4145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4145

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ann Burns

2. DATE OF DEATH

April 29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 27 N. Carey St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Good Samaritan Home

27 N. Carey St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)

BALTIMORE 2707

D. STREET ADDRESS (If rural, give location)

2714 BAUERNWOOD AVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 28, 1976

9. AGE (In years last birthday)

76

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

MAID-PRIVATE

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

W. S.

13. FATHER'S NAME

THOMAS BURNS

14. MOTHER'S MAIDEN NAME

ANN REAGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Atherosclerosis

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Gastrointestinal Hemorrhage

1 month

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949, to May 30, 1952, that I last saw the deceased alive on 4/10, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Smith

23B. ADDRESS

2426 Entan Pl.

23C. DATE SIGNED

4/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. Burial

24B. May 2, 1952

24C. Cathedral

24D. Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 30 1952

Huntington Williams, Jr.

Rita Wiedefeld 9006 Beedle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-5-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 4146**

1. NAME OF DECEASED (Type or Print) OSCAR ELMER OWENS			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Montgomery		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver Spring		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1211 Ballard Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 28, 1917	9. AGE (In years last birthday) 34	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during onset of working life, even if retired) Ship Cleaner		10B. KIND OF BUSINESS OR INDUSTRY George S. Goodnewes	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Griffith Owens			14. MOTHER'S MAIDEN NAME Mary Lee Owens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unkoowo)		16. SOCIAL SECURITY NO. 579-03-2572	17. INFORMANT ADDRESS Agnes Petzold		

18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning(found drowned) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Pier 4, Pratt Street		
21D. TIME (Month) (Day) (Year) (Hour) April 29, 1952 (found) m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Found drowned		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Deneacher</i>		M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE May 1, 1952	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24D. LOCATION (City, town, or county) (State) Morganza, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS S. H. Hines Funeral Home-2901 14th St. N.W. Washington, D.C.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4147**

1. NAME OF DECEASED (Type or Print) Charles Ernest Maxey		2. DATE OF DEATH 4-26-52	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 17-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 25yrs		D. STREET ADDRESS (If rural, give location) 737 W. Franklin St.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10B. KIND OF BUSINESS OR INDUSTRY Engineer	9. AGE (In years last birthday) 47
11. FATHER'S NAME Charles Maxey		12. CITIZEN OF WHAT COUNTRY? U. S. C.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Martha	
15. SOCIAL SECURITY NO. 218-03-3013		16. INFORMANT Baltimore City Hospital Records 4940 Eastern Ave	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic carcinoma		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-3-52		19B. MAJOR FINDINGS OF OPERATION Exploratory thoracotomy for bronchogenic carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-18- , 19 52 to 4-26- , 19 52 , that I last saw the deceased alive on 4-26- , 19 52 , and that death occurred at 5.00P.m. , from the causes and on the date stated above.				
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Ave		23C. DATE SIGNED 4-26-52

24A. BURIAL, CREMATION REMOVAL (Specify) Burial	24B. DATE May 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Western Star	24D. LOCATION (City, town, or county) (State) Balto Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1952		REGISTERAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Chas. H. Cooper		ADDRESS	

RECEIVED
JAN 10 1964
LIBRARY
OF THE
UNIVERSITY OF CHICAGO

UNIVERSITY OF CHICAGO
LIBRARY

1964

UNIVERSITY OF CHICAGO
LIBRARY

520
AB-156504
52 4148
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4148
Registered No.

1. NAME OF DECEASED (Type or Print) Goldie James			2. DATE OF DEATH 4-27-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 22yrs			D. STREET ADDRESS (If rural, give location) 1320 Division St. zone 17		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (Separated)	8. DATE OF BIRTH May 9-1916		9. AGE (In years last birthday) 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Maxson			14. MOTHER'S MAIDEN NAME Alene Owens		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Cardio Vascular Disease 3 dissecting Aneurysm					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Nephro sclerosis					1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-11- , 19 52 to 4-27- , 19 52 that I last saw the deceased alive on 4-27- , 19 52 and that death occurred at 11:10AM from the causes and on the date stated above.					
23A. SIGNATURE <i>E. S. Cloger</i>			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 4-28-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAY 1, 1952	24C. NAME OF CEMETERY OR CREMATORY ARButus MEMORIAL PK.		24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS ARLington S. Phillips 1808 N. MONROE ST	

615-25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4149

BIRTH NO. 200

1. NAME OF DECEASED
(Type or Print)

MARY AGNES CASEY

2. DATE
OF
DEATH

4-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1103 Hollins St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18-03

D. STREET ADDRESS (If rural, give location)

1103 Hollins St

c. Length of stay in Baltimore

75

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug 2, 1863

9. AGE (in years last birthday)

88

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St Mary's Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES W. HAMMETT

14. MOTHER'S MAIDEN NAME

Elizabeth Tubman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ALICE OLIVER 1103 Hollins St

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atherosclerotic Myocardium

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized atherosclerosis

DUE TO

(C)

advanced age

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from November, 1951, to 4-30-1952, that I last saw the deceased alive on 4-29-1952, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Morris B. Schreier

M. D.

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

4-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-2-52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEM

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rott & B.M. Walters

ADDRESS

PRATTY STRICKER STS

WATKINS
CONCRETE
CORP.
INC.
U.S.A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4150

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW W. STEIN - WEREDYCK

2. DATE
OF
DEATH

4-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP-

About 58 yrs. Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

401 S. Macon St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 3, 1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Weredyck

14. MOTHER'S MAIDEN NAME

Rose Wisniewski

15. WAS DECEASED
(Yes, no or unknown) EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ella Stein 401 S. Macon St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRO-VASCULAR Acc.

3 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) HYPERTENSIVE-ARTERIO SCLEROTIC
DISEASE.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26-1952 to 4-28-1952 that I last saw the
deceased alive on 4-28-1952 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Brewer, Jr. M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

4-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Ave., Ba. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Guler 901 S. Conkling St.

VS 150

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0011 35

RECEIVED BY THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

100-100000

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 [illegible]

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4151**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Perry

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osle 2.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

md.

B. COUNTY

Kent

C. CITY OR TOWN

Worton

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6400

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 31, 1903

9. AGE (in years last birthday)

48

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

Fertilizer Factory

11. BIRTHPLACE (State or foreign country)

KENT CO. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Lissa Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

218-01-3270

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. **445X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Malignant hypertension

INTERVAL BETWEEN ONSET AND DEATH

4-6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-27**, 19**52**, to **4-30**, 19**52**, that I last saw the deceased alive on **4-30**, 19**52**, and that death occurred at **3:55 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Charles Franklin Williams, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 3 1952

24C. NAME OF CEMETERY OR CREMATORY

BUTLERTOWN CEM.

24D. LOCATION (City, town, or county)

KENT CO MARYLAND.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Wells

25. FUNERAL DIRECTOR

W. Wells

ADDRESS

Chesbourn, Md

1011-2

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1011-2

1011-2

1011-2

1011-2

1011-2

1011-2

1011-2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4152**BIRTH NO. **52 4152**

1. NAME OF DECEASED (Type or Print) Charles L. Busey			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 15-38		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Anderson Convalescent & Rest Home 3604 Mohawk Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3431 Piedmont Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1869	9. AGE (In years last birthday) 82 yrs	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Mutual Clerk	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James F. Busey			14. MOTHER'S MAIDEN NAME Clara Hoag		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) No		16. SOCIAL SECURITY NO. 220-07-3595	17. INFORMANT ADDRESS Mrs. Herbert Sunderland, 3227 Powhatan Ave.		

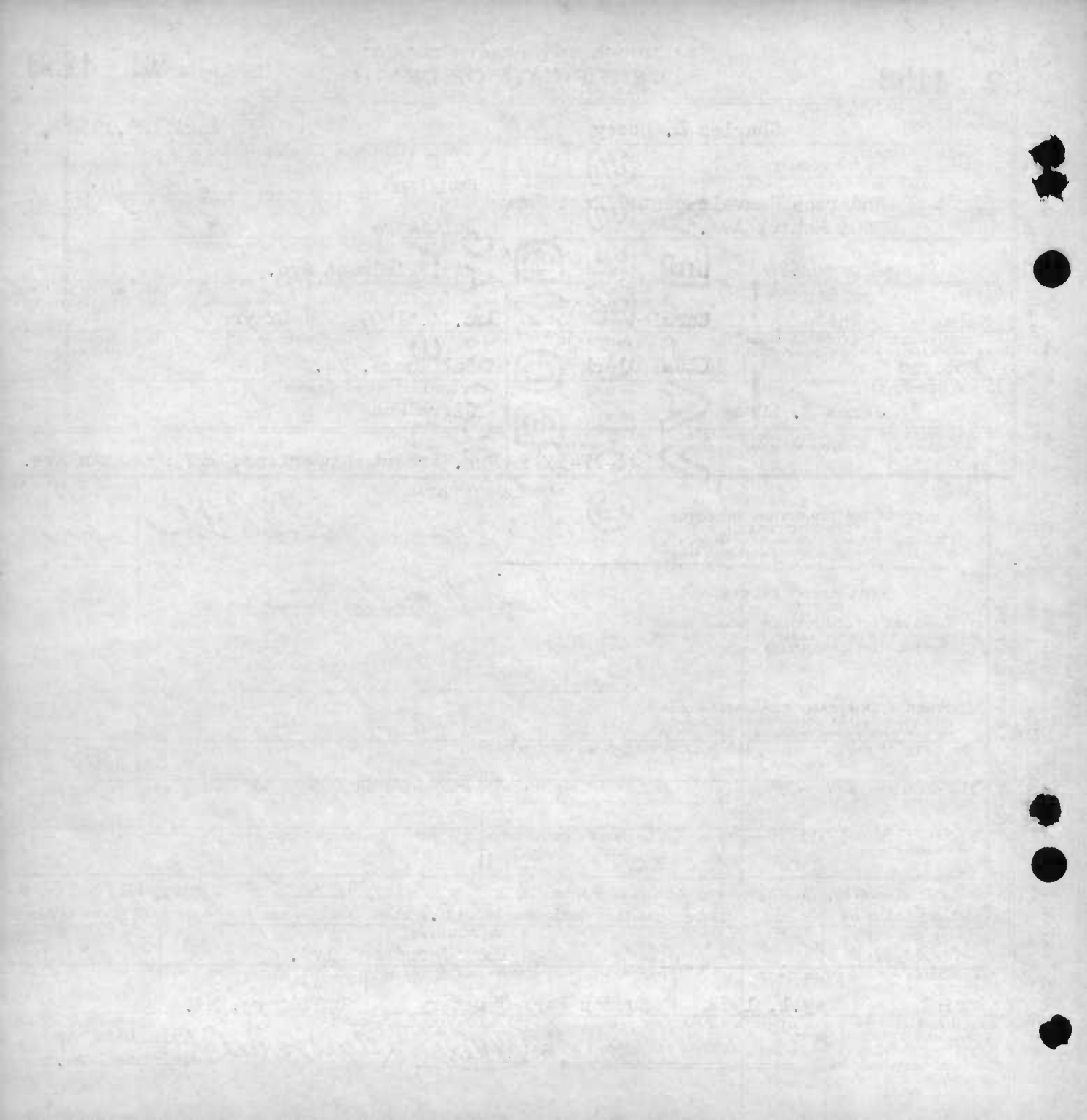
18. 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma Prostatic Gland DUE TO (A) General Metastases - DUE TO (B) General Metastases - DUE TO (C) General Metastases - INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1- , 19 48 , to 4-29- , 19 52 that I last saw the deceased alive on 4-29 , 19 52 , and that death occurred at 6.15A m., from the causes and on the date stated above.					
23A. SIGNATURE Howard J. Warner		23B. ADDRESS 2604 Garrison Blvd.		23C. DATE SIGNED 4-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May. 1, 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Anderson		24F. ADDRESS 4510 Liberty Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1952		REGISTRAR'S SIGNATURE Huntington Williams		24G. ADDRESS 4510 Liberty Heights Ave.	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4153

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN Theodor SAUERS Jr.

2. DATE
OF
DEATH

April 28, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write R.R. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

928 S. Kenwood Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 5, 1944

9. AGE (In years
last birthday)

7

H Under 1 Year
Months; DaysH Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

school

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Theodore Sauers Sr.

14. MOTHER'S MAIDEN NAME

Elizabeth Himmel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Ave.

Herman T. Sauers Sr. 928 S. Kenwood

18. E812.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Dillon St. and Balnord Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

April 28, 1952 4:45 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by truck

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Durelacher M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/2/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 30 1952

Huntington Williams, Jr.

John A. Moran 3000 E. Balto. St.

VS 151

N 803.2

Per N. G. Lewis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be legibly and correctly written. Physicians: please write the cause of death clearly and legibly.

Nov. 5, 1944

8

1944

1944

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4154**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY L. GILLEN (MRS)

2. DATE
OF
DEATH

4/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE

27-09

D. STREET ADDRESS (If rural, give location)

1412 WINSTON AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Nov 18, 1901

9. AGE (In years; last birthday) Months; Days; Hours; Min.

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MASS, SOUTH GROVE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

PATRICK F. BURKE

14. MOTHER'S MAIDEN NAME

MARY ANN WALSH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MR J. FRANK GILLEN SAME

18. **057.1**

CAUSE OF DEATH

HUSBAND

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hemorrhage into both adrenal glands 1 day**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) **Meningococcus septicemia**

1 day

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **APRIL 27, 1952** to **APRIL 29, 1952** that I last saw the deceased alive on **APR 29, 1952** and that death occurred at **12:45 pm.** from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Nelson

23B. ADDRESS

Baltimore Union Memorial Hospital, 18 Maryland

23C. DATE SIGNED

Apr 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Mareland Park

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 30 1952

REGISTRAR'S SIGNATURE

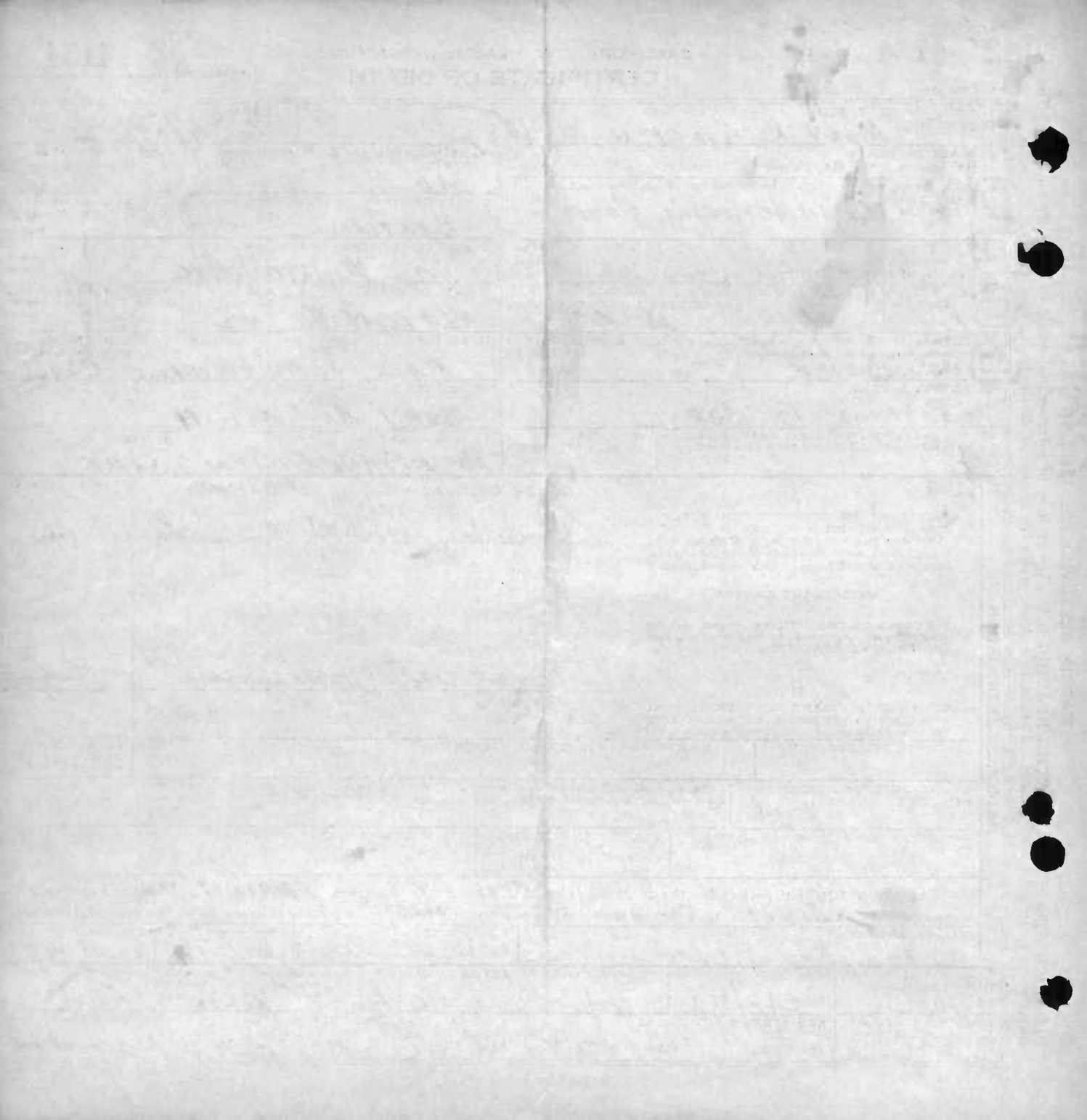
Huntington Williams, MD

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Hayford Rd



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-5-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 4155

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Matthew Malkin Sr.</i>		2. DATE OF DEATH <i>April 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>1</i> Days <i>18</i>		D. STREET ADDRESS (If rural, give location) <i>4014 W. Garrison Avenue - 15</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 23, 1893</i>	9. AGE (In years last birthday) <i>58</i>	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabinet Maker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Baird Seating Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Hungaria</i>	
13. FATHER'S NAME <i>Joseph Malkin</i>		14. MOTHER'S MAIDEN NAME <i>Esther</i>			
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-07-7356</i>		17. INFORMANT <i>Mrs Bertha F. Malkin</i>	
18. I <i>560.5</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary artery occlusion</i>			
ANTECEDENT CAUSES		(B) <i>Due to</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Hypertension</i>			
19A. DATE OF OPERATION <i>April 17, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Bilateral Hernioplasty</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 16, 1952</i> , to <i>April 30, 1952</i> , that I last saw the deceased alive on <i>April 30, 1952</i> , and that death occurred at <i>12:50 am</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Joseph Krejci</i>		23B. ADDRESS <i>M. D. 1400 N. Caroline Street - 13</i>		23C. DATE SIGNED <i>April 30, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>J. Luck</i>		ADDRESS <i>5305 Hayford Rd</i>			

VS 150

50532

1014-55

1014-55

1014-55



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4156

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Miller

2. DATE
OF
DEATH

4-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Carroll

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Univ. of Md. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Westminster

D. STREET ADDRESS (If rural, give location)

290 E. Main

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 13 1909

9. AGE (In years last birthday)

42

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STITCHER

10B. KIND OF BUSINESS OR INDUSTRY

SHOE FACTORY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Lambert

14. MOTHER'S MAIDEN NAME

Effie Fritz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

213-05-1579

17. INFORMANT

HOSPITAL RECORDS

ADDRESS

18.

171X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Ureteral obstruction
(C) Carcinoma of Cervix

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1952 to 4-30, 1952 that I last saw the deceased alive on 4-30, 1952 and that death occurred at 950 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Moten

23B. ADDRESS

2407 Elsinore Ave.

23C. DATE SIGNED

4-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

May 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Providence

24D. LOCATION (City, town, or county)

WESTMINISTER MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John R. Byers WESTMINISTER MD

ADDRESS

MAY 13 1969

THREE INDEX

STITCHER

AB-62-127 HOSPITAL RECORDS

IN

6/1

ADMINISTRATIVE

MAY 3 1969

STITCHER

2000 R. B. BATES

B-320
52 4157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4157
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Sadie Barnes Bates*

2. DATE OF DEATH *April 26, 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *MD.*
B. COUNTY *18-01*

5. FULL NAME OF HOSPITAL OR INSTITUTION *215 N. Schomden St*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Balto.*

7. STREET ADDRESS (If rural, give location) *215 N. Schomden St.*

8. Length of stay in Baltimore
Yrs. *0*
Mos. *0*
Days *0*

9. SEX *Female*

10. COLOR OR RACE *Col.*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

12. DATE OF BIRTH *March 23, 1901*

13. AGE (in years last birthday) *51*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) *Calvert Co. Md.*

19. CITIZEN OF WHAT COUNTRY? *U.S.*

20. FATHER'S NAME *Benson Barnes*

21. MOTHER'S MAIDEN NAME *Lewis*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

23. SOCIAL SECURITY NO.

24. INFORMANT *William Bates*

25. ADDRESS *215 N. Schomden St.*

18. *490x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Lobar Pneumonia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH *8-12 days*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Hypertension, + nephritis*

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1951*, to *April 26, 1952*, that I last saw the deceased alive on *April 26, 1952*, and that death occurred at *2 AM*, from the causes and on the date stated above.

23A. SIGNATURE *H. Garland Phinney*

23B. ADDRESS *1038 Edmondson*

23C. DATE SIGNED *4-30-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *April 30-52*

24C. NAME OF CEMETERY OR CREMATORY *Arbutus Memorial*

24D. LOCATION (City, town, or county) (State) *Md.*

DATE RECEIVED BY LOCAL REGISTRAR *APR 30 1952*

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR *Wm. Bates P. Williams*

ADDRESS *322 N. Schomden St.*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

WILLIAM H. SAWYER, PRINTERS

1901

S-528-158448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4158

BIRTH NO. 52 4158 2-08874

1. NAME OF DECEASED (Type or Print) Baby Boy Sins - Mamie			2. DATE OF DEATH 4-19-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 212 N. Carey St. -23			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 19, 1952		9. AGE (In years last birthday) 4 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Horace Sins		
14. MOTHER'S MAIDEN NAME Mamie Murray			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Life
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------

19A. DATE OF OPERATION 27		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 19, 1952 , to April 19, 1952 that I last saw the deceased alive on April 19, 1952 , and that death occurred at 10PM m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i> M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 4-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 4-23-52		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Ave.		24E. STATE		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 - 1952		25. FUNERAL DIRECTOR ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
BUREAU OF MENTAL HEALTH

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

S# 451
52 4159BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4159
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MACK SCHLENOFF

2. DATE
OF
DEATH

4-30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4100 REISTERSTOWN RD

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give
township)

15-13

D. STREET ADDRESS (If rural, give location)

4100 REISTERSTOWN RD

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (in years
last birthday)

53

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOME IMPROVEMENTS

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NEW YORK CITY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

SALEMAN

(R)

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LILIAN SCHLENOFF - SAME

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19, to 4/30, 1952, that I last saw the
deceased alive on 4/29, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sheldon Cooper

M. O.

23B. ADDRESS

2101 Eutaw Place

23C. DATE SIGNED

4/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-1-52

24C. NAME OF CEMETERY OR CREMATORY

Bellevue Friendship

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

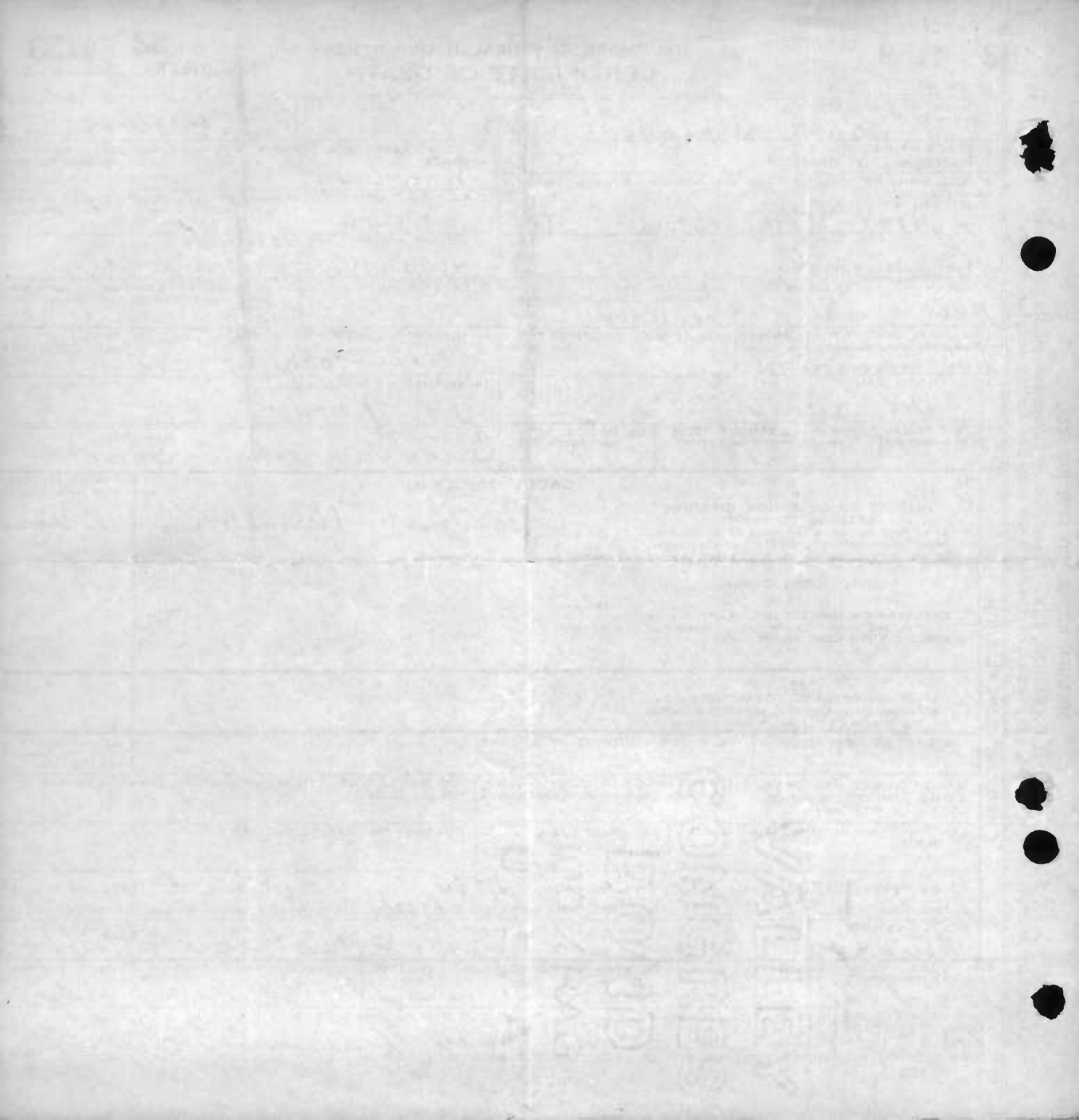
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jas. J. Lewis Inc - 2100 Eutaw Pl

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4160
Registered No.

BIRTH NO. 52 4160

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Martin Lawlor</i>		2. DATE OF DEATH <i>April 29-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Maryland</i>		4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-08</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>644 Bartlett Ave</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>644 Bartlett Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 26-1864</i>
9. AGE (In years last birthday) <i>82</i>		10. UNDER 1 Year Months <i>9</i> Days <i>3</i>	11. UNDER 24 Hours Hours <i>0</i> Min. <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Dublin Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Ireland</i>	
13. FATHER'S NAME <i>James Martin</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>Ms 422.1</i>	
17. INFORMANT <i>Ms 422.1</i>		ADDRESS <i>644 Bartlett Ave</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Cardio-Vascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-15</i> , 19 <i>52</i> to <i>4-29</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-28</i> , 19 <i>52</i> , and that death occurred at <i>8 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>C.D. Hyman</i>		23B. ADDRESS <i>or 23. Chase St.</i>	
23C. DATE SIGNED <i>4-30-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 2-1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Old Frederick Rd. Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Joseph Farace, Inc.</i>		ADDRESS <i>2013 Greenmount Ave</i>	

7-9

52 4161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4161
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Suit

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Tha. 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

1019 West St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Mar. 4, 1876

9. AGE (in years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vendor

10B. KIND OF BUSINESS OR INDUSTRY

Retail Ice

11. BIRTHPLACE (State or foreign country)

Davidsonville, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Wesley Suit

14. MOTHER'S MAIDEN NAME

Mary Ellen Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

150x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Carcinoma of esophagus

DUE TO

months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary edema

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Co. of Jan

19A. DATE OF OPERATION

April 27, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of esophagus

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1952, to 5-1, 1952, that I last saw the deceased alive on 5-1, 1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Reese R. Fitch

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

May 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/1952

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Annapolis

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 - 1952

REGISTRAR'S SIGNATURE

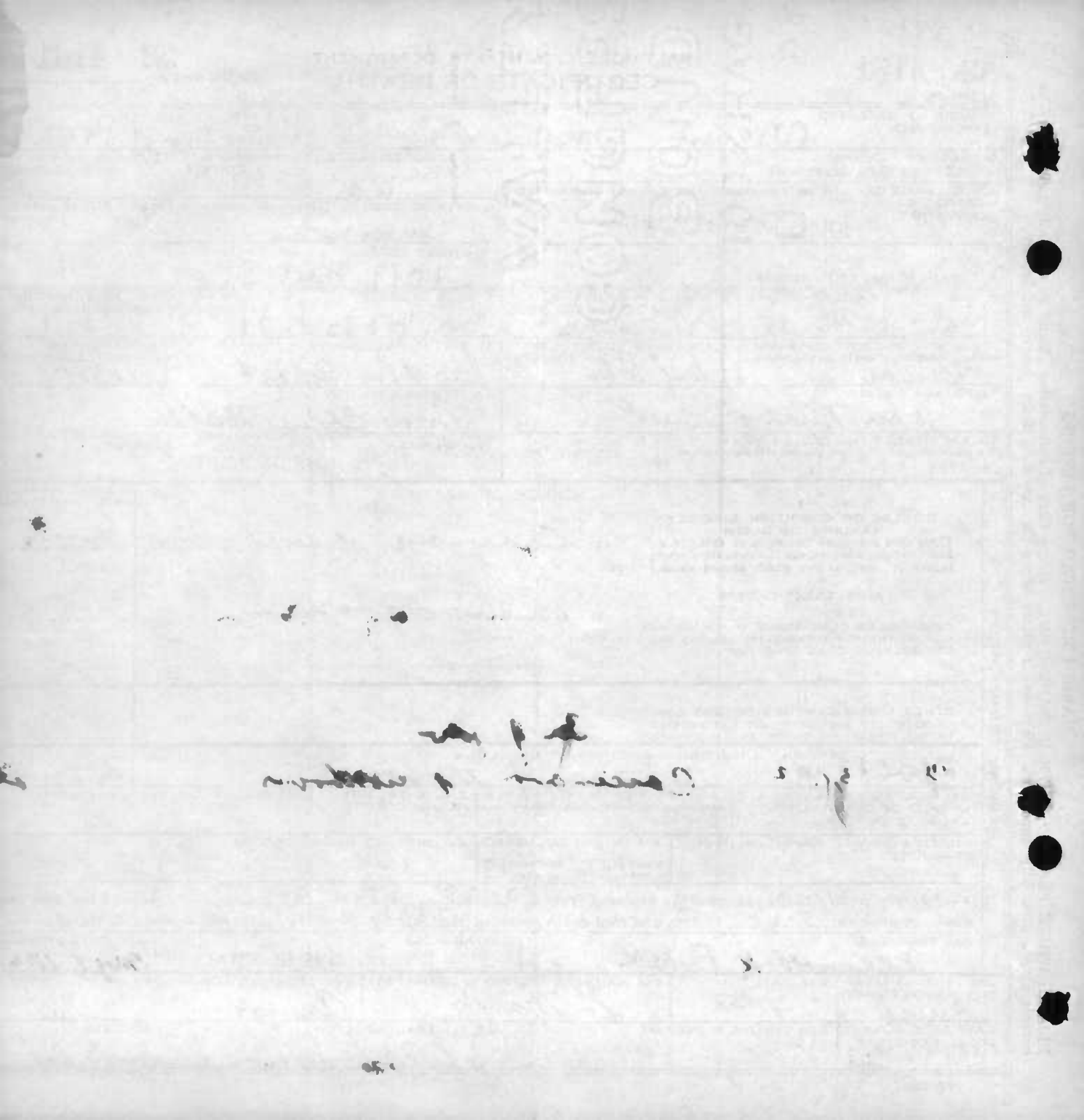
Huntington Williams

25. FUNERAL DIRECTOR

John W. Taylor & Son

ADDRESS

Annapolis, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4162

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Amalia Stuckert

2. DATE

OF DEATH April 29, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3018 Harford Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

3018 Harford Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

October 20, 77

9. AGE (in years last birthday)

74

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Mary Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Anna Stuckert 3018 Harford Rd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary embolism

DUE TO

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

myocardial degeneration

DUE TO

(C)

arteriosclerosis

5 1/2 hrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — Pa., 1952 to Apr 29, 1952, that I last saw the deceased alive on Apr 27, 1952 and that death occurred at Pa. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward Stover

M. D.

23B. ADDRESS

101 W Read St.

23C. DATE SIGNED

May 1 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 3, 52

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

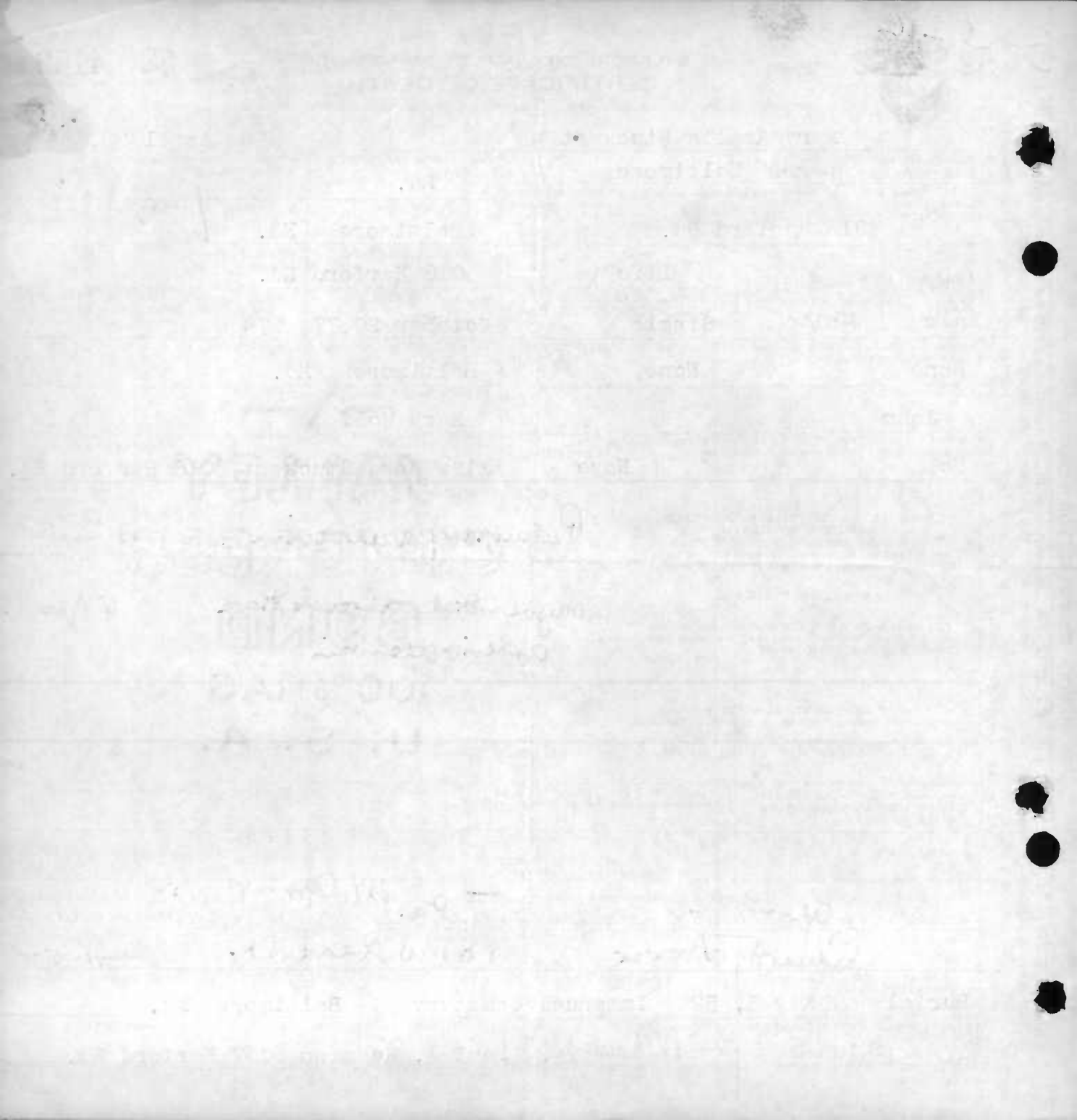
MAY 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul A. Heemann 6067 Harford Rd.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4163

BIRTH NO. 52 4163

1. NAME OF DECEASED
(Type or Print)

FRED

WILLIAMS

2. DATE
OF
DEATH

Apr 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

PROVIDENT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2219 Riggs Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 25, 1921

9. AGE (In years
last birthday)

30

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Ice House

11. BIRTHPLACE (State or foreign country)

Garland D.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Dave Williams

(M)

14. MOTHER'S MAIDEN NAME

Amelio Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If Yes, give war or dates of service)

Yes

W.W. II

16. SOCIAL
SECURITY NO.

17. INFIRMITY

Ophelia Wise

ADDRESS 1298

18. E981X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

BULLET WOUND OF CHEST

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Apr. 27, 1952

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

SHOT DURING ASSAULT

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunleaver

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Apr. 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/1/1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate P. Williams

ADDRESS 322 N.

Schwaben Dr.

VS 151

N862.4

97047

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully and correctly stated. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1913

Given by the

Registrar

M. C.

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4164
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE BENJAMIN HARRIS

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION

Wyman Pk. drive & 31st street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Crisfield

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

2 Mo.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 15 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sidney Harris

14. MOTHER'S MAIDEN NAME

Nancy Messick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md. ✓

18. 163X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma, left lung

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 20 1952 to Apr. 30 1952, that I last saw the
deceased alive on Apr. 30 1952 and that death occurred at 9:50A. m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

4/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Sunnyridge

24D. LOCATION (City, town, or county)

Cristfield, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

W. Harvey Blackshaw - Cristfield, Md.

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of informant

10. Signature of witness

11. Signature of funeral director

12. Signature of undertaker

13. Signature of cemetery

14. Signature of church

15. Signature of family

16. Signature of neighbors

17. Signature of friends

18. Signature of community

19. Signature of society

20. Signature of church

21. Signature of family

22. Signature of neighbors

23. Signature of friends

24. Signature of community

25. Signature of society

26. Signature of church

27. Signature of family

28. Signature of neighbors

29. Signature of friends

30. Signature of community

31. Signature of society

32. Signature of church

33. Signature of family

34. Signature of neighbors

35. Signature of friends

36. Signature of community

37. Signature of society

38. Signature of church

39. Signature of family

40. Signature of neighbors

41. Signature of friends

42. Signature of community

43. Signature of society

44. Signature of church

45. Signature of family

46. Signature of neighbors

47. Signature of friends

48. Signature of community

49. Signature of society

50. Signature of church

51. Signature of family

52. Signature of neighbors

53. Signature of friends

54. Signature of community

55. Signature of society

56. Signature of church

57. Signature of family

58. Signature of neighbors

59. Signature of friends

60. Signature of community

61. Signature of society

62. Signature of church

63. Signature of family

64. Signature of neighbors

65. Signature of friends

66. Signature of community

67. Signature of society

68. Signature of church

69. Signature of family

70. Signature of neighbors

71. Signature of friends

72. Signature of community

73. Signature of society

74. Signature of church

75. Signature of family

76. Signature of neighbors

77. Signature of friends

78. Signature of community

79. Signature of society

80. Signature of church

81. Signature of family

82. Signature of neighbors

83. Signature of friends

84. Signature of community

85. Signature of society

86. Signature of church

87. Signature of family

88. Signature of neighbors

89. Signature of friends

90. Signature of community

91. Signature of society

92. Signature of church

93. Signature of family

94. Signature of neighbors

95. Signature of friends

96. Signature of community

97. Signature of society

98. Signature of church

99. Signature of family

100. Signature of neighbors

101. Signature of friends

102. Signature of community

103. Signature of society

104. Signature of church

105. Signature of family

106. Signature of neighbors

107. Signature of friends

108. Signature of community

109. Signature of society

110. Signature of church

111. Signature of family

112. Signature of neighbors

113. Signature of friends

114. Signature of community

115. Signature of society

116. Signature of church

117. Signature of family

118. Signature of neighbors

119. Signature of friends

120. Signature of community

121. Signature of society

122. Signature of church

123. Signature of family

124. Signature of neighbors

125. Signature of friends

126. Signature of community

127. Signature of society

128. Signature of church

129. Signature of family

130. Signature of neighbors

131. Signature of friends

132. Signature of community

133. Signature of society

134. Signature of church

135. Signature of family

136. Signature of neighbors

137. Signature of friends

138. Signature of community

139. Signature of society

140. Signature of church

141. Signature of family

142. Signature of neighbors

143. Signature of friends

144. Signature of community

145. Signature of society

146. Signature of church

147. Signature of family

148. Signature of neighbors

149. Signature of friends

150. Signature of community

151. Signature of society

152. Signature of church

153. Signature of family

154. Signature of neighbors

155. Signature of friends

156. Signature of community

157. Signature of society

158. Signature of church

159. Signature of family

160. Signature of neighbors

161. Signature of friends

162. Signature of community

163. Signature of society

164. Signature of church

165. Signature of family

166. Signature of neighbors

167. Signature of friends

168. Signature of community

169. Signature of society

170. Signature of church

171. Signature of family

172. Signature of neighbors

173. Signature of friends

174. Signature of community

175. Signature of society

176. Signature of church

177. Signature of family

178. Signature of neighbors

179. Signature of friends

180. Signature of community

181. Signature of society

182. Signature of church

183. Signature of family

184. Signature of neighbors

185. Signature of friends

186. Signature of community

187. Signature of society

188. Signature of church

189. Signature of family

190. Signature of neighbors

191. Signature of friends

192. Signature of community

193. Signature of society

194. Signature of church

195. Signature of family

196. Signature of neighbors

197. Signature of friends

198. Signature of community

199. Signature of society

200. Signature of church

201. Signature of family

202. Signature of neighbors

203. Signature of friends

204. Signature of community

205. Signature of society

206. Signature of church

207. Signature of family

208. Signature of neighbors

209. Signature of friends

210. Signature of community

211. Signature of society

212. Signature of church

213. Signature of family

214. Signature of neighbors

215. Signature of friends

216. Signature of community

217. Signature of society

218. Signature of church

219. Signature of family

220. Signature of neighbors

221. Signature of friends

222. Signature of community

223. Signature of society

224. Signature of church

225. Signature of family

226. Signature of neighbors

227. Signature of friends

228. Signature of community

229. Signature of society

230. Signature of church

231. Signature of family

232. Signature of neighbors

233. Signature of friends

234. Signature of community

235. Signature of society

236. Signature of church

237. Signature of family

238. Signature of neighbors

239. Signature of friends

240. Signature of community

241. Signature of society

242. Signature of church

243. Signature of family

244. Signature of neighbors

245. Signature of friends

246. Signature of community

247. Signature of society

248. Signature of church

249. Signature of family

250. Signature of neighbors

251. Signature of friends

252. Signature of community

253. Signature of society

254. Signature of church

255. Signature of family

256. Signature of neighbors

257. Signature of friends

258. Signature of community

259. Signature of society

260. Signature of church

261. Signature of family

262. Signature of neighbors

263. Signature of friends

264. Signature of community

265. Signature of society

266. Signature of church

267. Signature of family

268. Signature of neighbors

269. Signature of friends

270. Signature of community

271

F-652
52 4165BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Deborah Franklin

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

H. I. H. 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Georgia

B. COUNTY

V-19

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Stateboro

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 17, 1944

9. AGE (In years
last birthday)

7 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Donald Franklin

14. MOTHER'S MAIDEN NAME

Mary Nell Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 204.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Acute leukemia

7 wk

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1952, to 5-1, 1952, that I last saw the
deceased alive on 5-1, 1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harriet G. Guild

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/1/52

24C. NAME OF CEMETERY OR CREMATORY

Savannah

24D. LOCATION (City, town, or county)

Savannah,

(State)

Georgia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Book, Inc., 1217 E. Paul St.

1135

1135

1135

1135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4166

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Everhart

2. DATE
OF
DEATH

Apr. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

304 5th Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Garfield Snyder

14. MOTHER'S MAIDEN NAME

Margaret Nagel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 744.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

2 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1950, to 4/30, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 12 AM, from the causes and on the date stated above.

23A. SIGNATURE

Leighton P. Cluff

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 - 1952

Huntington Williams, M.D.

Edward Toulson 2359 Wash Blvd

Baltimore Md

STATEMENT OF WORKING
CONDITIONS OF HEALTH

Name of Worker		Date of Birth	
Occupation		Employer's Name	
Address		City	
State		Zip	
Social Security Number		Date of Injury	
Description of Injury		Date of Onset	
Medical History		Treatment Received	
Current Condition		Prognosis	
Signature of Worker		Signature of Employer	
Date		Date	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4167BIRTH NO. 320
52 41671. NAME OF DECEASED
(Type or Print)George H. Ludwig2. DATE
OF
DEATH5/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE md B. COUNTY before admissionB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION1170 Carroll St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township

D. STREET ADDRESS (If rural, give location)

1170 Carroll St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

7/8/18839. AGE (In years
last birthday)68

10 Under 1 Year

Months: Days: Hours: Min.

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Furniture Finisher10B. KIND OF BUSINESS OR
INDUSTRYFurniture

11. BIRTHPLACE (State or foreign country)

Baltimore md.12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Henry Ludwig

14. MOTHER'S MAIDEN NAME

Louise Ellensamp15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)-16. SOCIAL
SECURITY NO.-

17. INFORMANT

Mrs Bertha A. Ludwig CarrollADDRESS 1170 ST.18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of right lung
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic Bronchitis
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH3 months2 yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2nd 1952 to May 1st 1952, that I last saw the
deceased alive on April 30, 1952, and that death occurred at 5:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

Harry Kates

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

May 1/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Cem

24D. LOCATION (City, town, or county)

3901 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

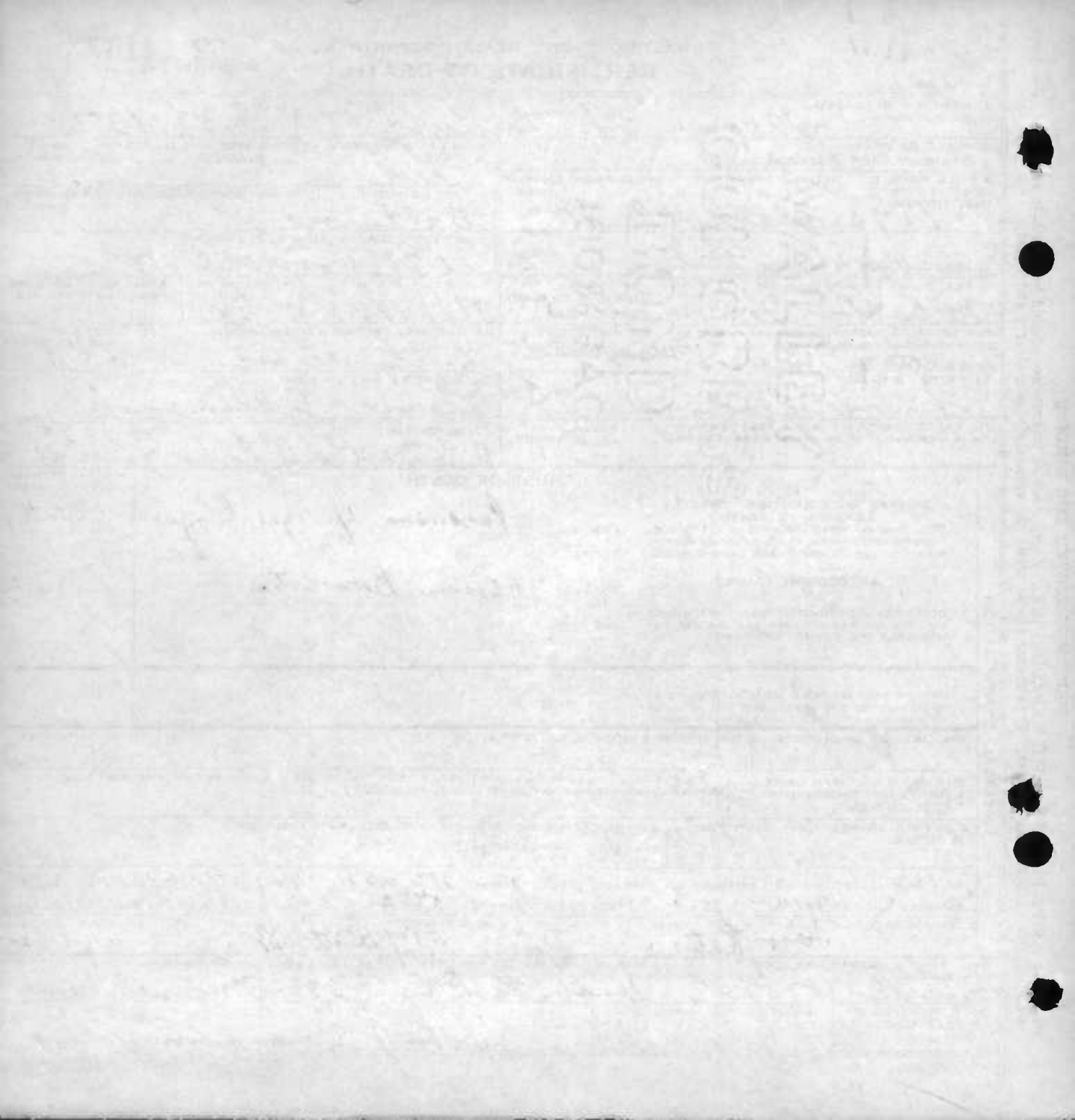
Huntington Williams

25. FUNERAL DIRECTOR

John J. Canan & Son

ADDRESS

901 St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully sur-
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

632
52 4168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4168
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Janice Hartke</i>		2. DATE OF DEATH <i>4-30-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balts. Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>D.C.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>20</i>			
c. Length of stay in Baltimore <i>13 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1918 Wilkins Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10/31/38</i>	9. AGE (in years last birthday) <i>13 yrs</i>	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>St Benedict's School</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Gerald R. Hartke</i>		14. MOTHER'S MAIDEN NAME <i>Lillian Bell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Gerald R. Hartke</i>	
18. <i>590X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

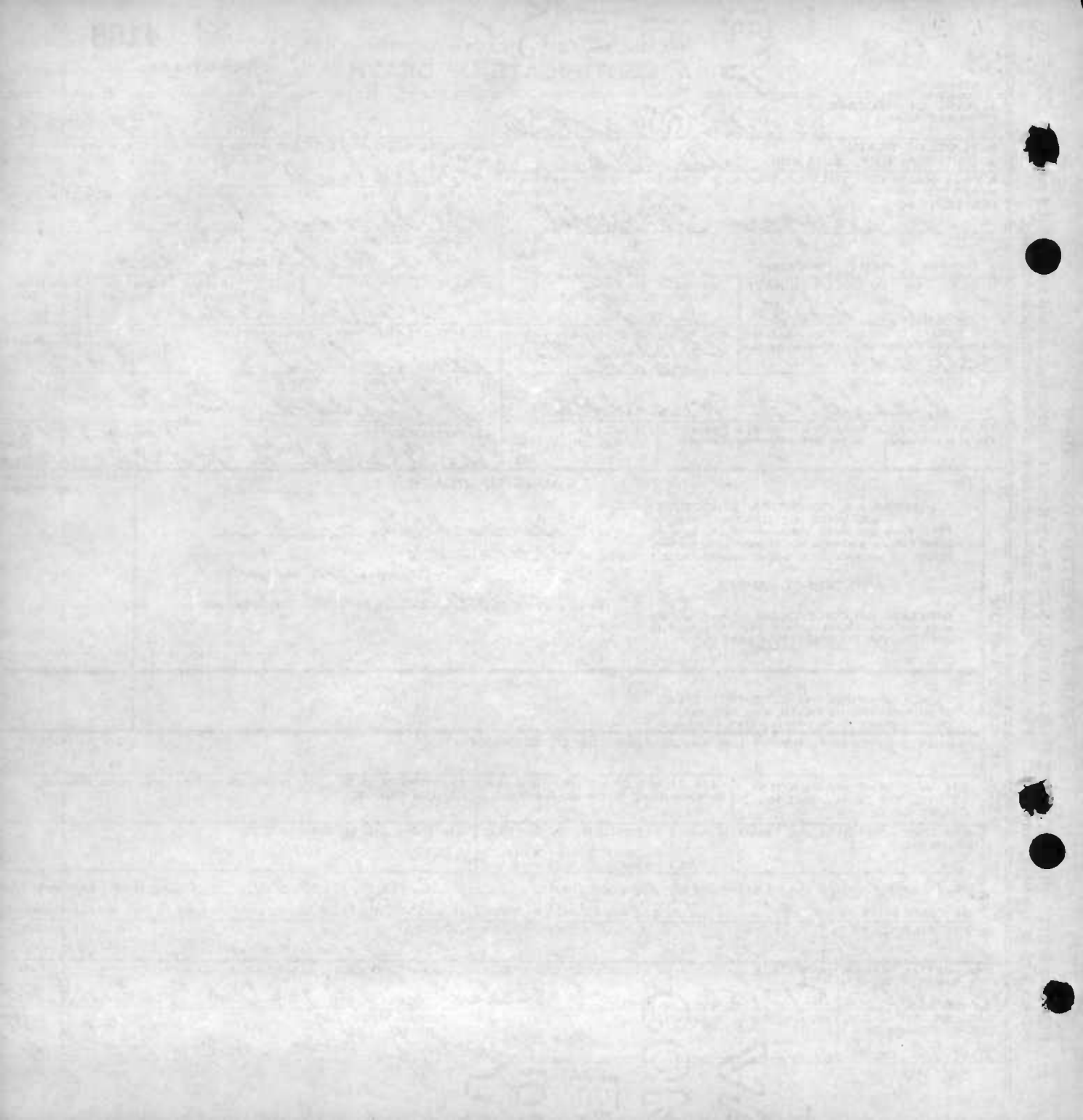
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Septicemic diathesis*
DUE TO *1) Thrombosis*
2) Acute Glomerulonephritis
(B) *Pulmonary pneumonia*
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to <i>4-30</i> , 1952, that I last saw the deceased alive on <i>4-30</i> , 1952, and that death occurred at <i>1:45 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George J. Altin</i>		23B. ADDRESS <i>St Agnes Hospital</i>		23C. DATE SIGNED <i>4-30-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1 - 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>John J. Brown & Son</i>		24H. ADDRESS <i>57 Hollins St.</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4169**BIRTH NO. **52 4169**1. NAME OF DECEASED
(Type or Print)**Elizabeth C. Born**2. DATE
OF
DEATH**April 30/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Md.**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION**General German Fed Peoples
Home, 22 S. Athol Ave**

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.c. Length of stay in Baltimore **LIFE**Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Single

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 9, 18829. AGE (In years
last birthday)**69**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Born

14. MOTHER'S MAIDEN NAME

Elizabeth Schmidt15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. Fredericka, 22 S. Athol Ave.18. **153X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cardio-Respiratory Failure**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Carcinoma of Esophagus**
DUE TO(C) **Emulated to Seng**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Sensitivity**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**51**, to **30 April**, 19**52**, that I last saw the
deceased alive on **30 April**, 19**52** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**May 2/52****Loudon Pk.****Baltimore, Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 - 1952**Huntington Williams, M.D.****Harry H. Whitte****4101 Edmondson Ave**

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Cause of Death		Date of Death		Time of Death	
Place of Death		Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner		Signature of Burial Officer	
Signature of Undertaker		Signature of Funeral Home		Signature of Cemetery	
Signature of Burial Society		Signature of Religious Society		Signature of Other	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4170

BIRTH NO. 52 4170

1. NAME OF DECEASED
(Type or Print)

Mr. David Witt Sr.

2. DATE
OF
DEATH

April 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

B. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 23

D. STREET ADDRESS (If rural, give location)

1828 Ramsay St.

c. Length of stay in Baltimore

36 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-29-94

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Car repairman

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Witt

14. MOTHER'S MAIDEN NAME

Genoa Brent

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Mary Witt, 1828 Ramsay St., Balto.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1952 to 4-29, 1952, that I last saw the
deceased alive on 4-29, 1952, and that death occurred at 4:10 pm., from the causes and on the date stated above.

23A. SIGNATURE

David Magante

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

4-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 3/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Harry T. Antyfe

ADDRESS

4101 Edmondson Ave.

VALLEY

CHURCH

CHURCH

CHURCH

CHURCH

CHURCH

CHURCH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 417152 4171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva Catherine Lattier

2. DATE
OF
DEATH4/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2327 N. Charles Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

312 Suffolk Road, Guilford

c. Length of stay in Baltimore

67

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 23, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Brown

14. MOTHER'S MAIDEN NAME

Mary Weinkamp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. Wilford Sheridan 312 Suffolk Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Coronary Heart Disease
DUE TO

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) coronary arteriosclerosis
DUE TO

4 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1948 to April 29, 1952, that I last saw the
deceased alive on April 29, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert D. Sunday

M. D.

23B. ADDRESS

201 W. 33RD ST.

23C. DATE SIGNED

5/1/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/2/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

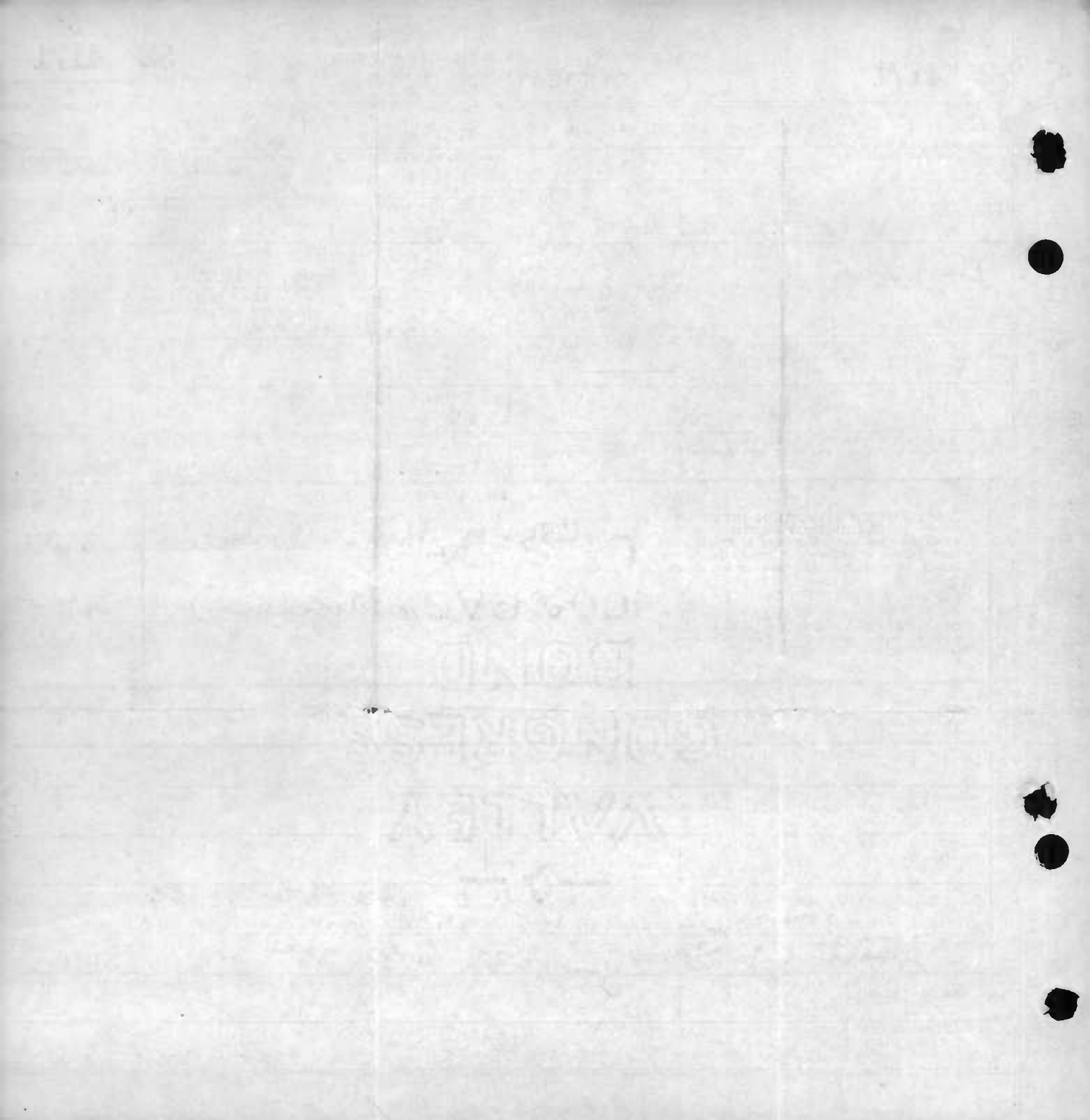
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Ho. W. Meares and Son 505 N. Calvert St.MAY 1 - 1952



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 4172

BIRTH NO.

1. NAME OF DECEASED (Married)
(Type or Print) John H. Taylor

2. DATE OF DEATH 4-30-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY St. Mary's

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Lexington Park

c. Length of stay in Baltimore 10 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
48 Renneff St. Ave.

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH April 30, 1911

9. AGE (In years last birthday) 40

10 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic

10B. KIND OF BUSINESS OR INDUSTRY
U. S. N.

11. BIRTHPLACE (State or foreign country)
Alabama

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Claude B. Taylor

14. MOTHER'S MAIDEN NAME
Lillie Pearl Estes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
-

16. SOCIAL SECURITY NO.

17. INFORMANT
Same

ADDRESS

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Neurogenic Sarcoma

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION
Tumor in pelvis + abdomen

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-31, 1952, to 4-30, 1952, that I last saw the deceased alive on 4-30, 1952, and that death occurred at 10:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE
Prince Power

23B. ADDRESS
Union Memorial Hospital

23C. DATE SIGNED
4-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE
5/2/52

24C. NAME OF CEMETERY OR CREMATORY
City Cem.

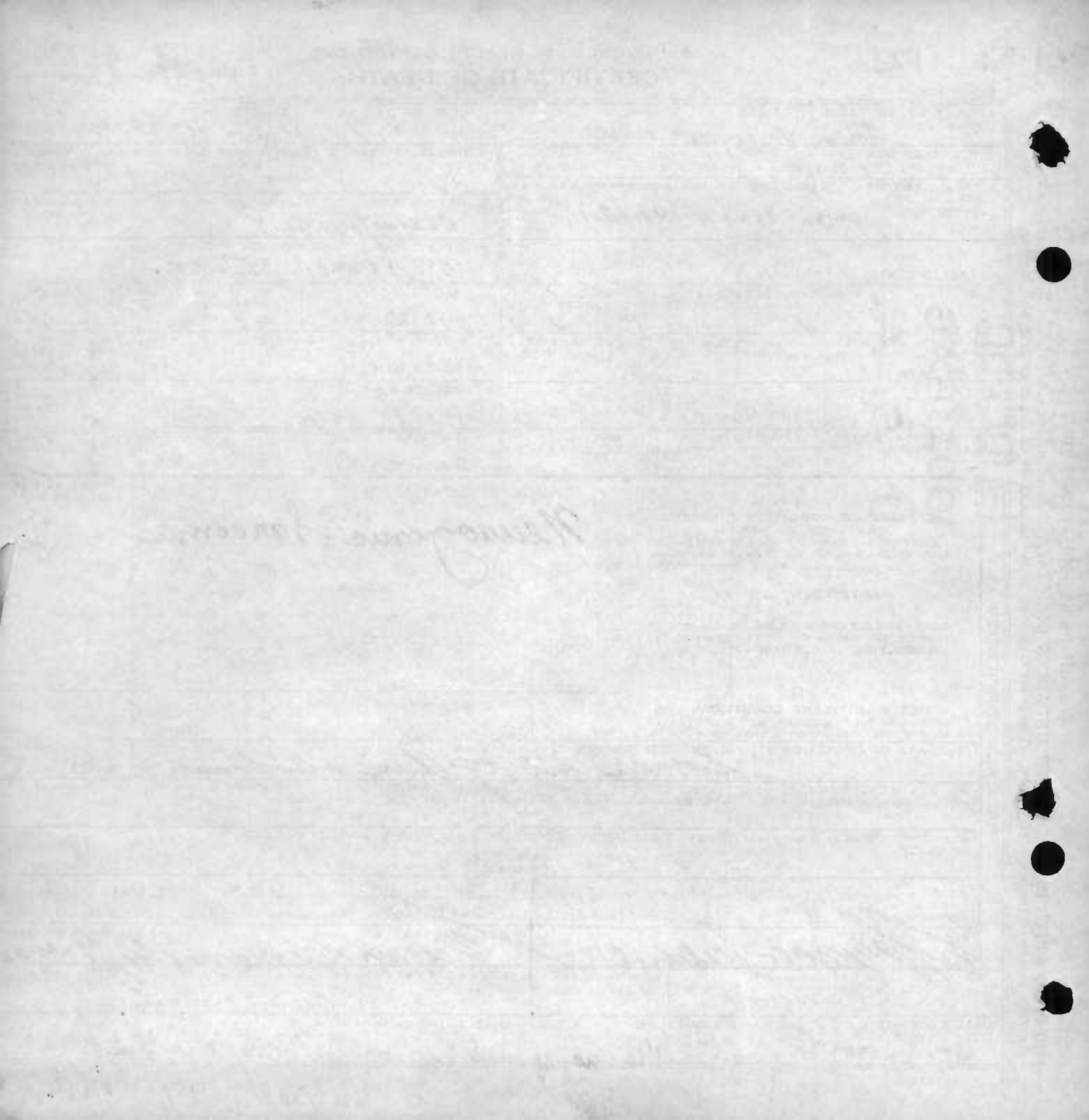
24D. LOCATION (City, town, or county) (State)
Alexander City, Ala.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 1 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Wm. J. Tiekner & Sons

ADDRESS
Balto. 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4173

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAY C. RIGGS			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 201 Spring Court		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 14, 1884	9. AGE (In years last birthday) 67	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Binding Women (rt'd)		10B. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Riggs		14. MOTHER'S MAIDEN NAME Matilda Neumeier		17. INFORMANT Miss Estella A. Riggs - Hillside Rd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS Stevensson, Md.	

18. 422.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 30, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/2/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR Wm. J. Lickner & Sons	
VS 151		69073	
		Balto 17 Md.	

1950

1951

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1952

1953

John P. Smith
1950 11 15

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4174
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM CRAWFORD STANSBURY

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Union Memorial Hosp.
44 Balto. Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Towson 4

D. STREET ADDRESS (If rural, give location)

Boyce Ave.

5300

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 16, 1898

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Marine Draftsman

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Luther Stansbury (n)

14. MOTHER'S MAIDEN NAME

Carrie Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Union Memorial Hosp. records.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic heart disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1952, to April 30, 1952, that I last saw the
deceased alive on April 30, 1952, and that death occurred at 8:05 Am., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS Union Memorial Hospital
Baltimore, 8 Maryland

23C. DATE SIGNED

Apr 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Sweeney & Sons

ADDRESS

Balto 17 Md

VS 150

0353A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

EDMUND J. BROWN, JR.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4175

514
52 4175
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCES L. CAMPBELL (Miss)		2. DATE OF DEATH April 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Lutheran Hospital of Md. location) 46 Baltimore 16, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 3411 Piedmont Ave.	
5. SEX F.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/13/1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Order Dept.		10B. KIND OF BUSINESS OR INDUSTRY Advertising	9. AGE (in years last birthday) 80
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John G. Campbell		14. MOTHER'S MAIDEN NAME Alice Beman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. John G. Campbell		ADDRESS 3411 Piedmont Ave.	

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Posterior Myocardial Infarction, acute	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Chronic glomerular nephritis with uremia.	(A) _____ (B) _____ (C) Possible Carcinoma of body of pancreas	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

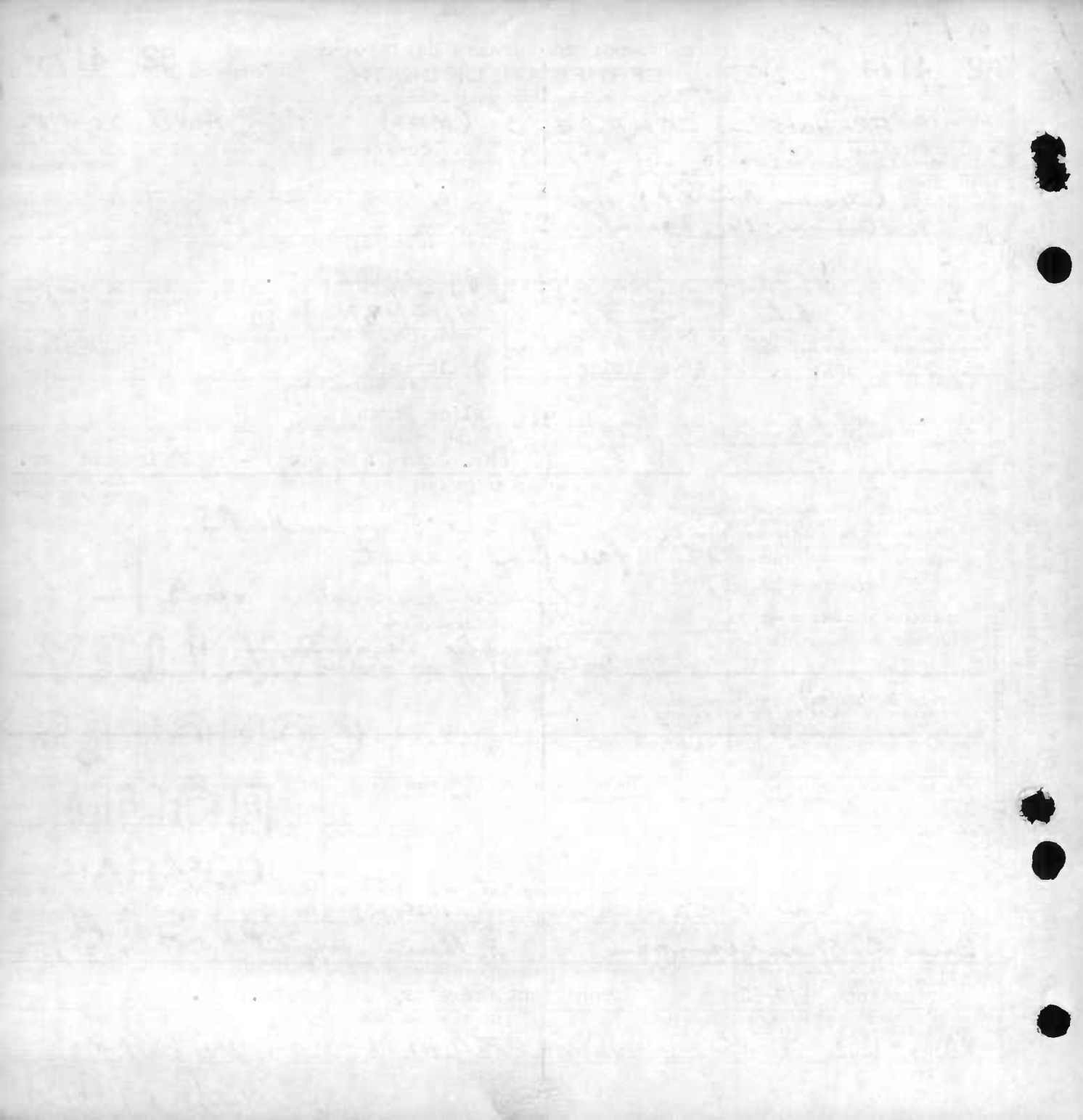
19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 28, 1952** to **April 30, 1952** that I last saw the deceased alive on **April 30, 1952** and that death occurred at **11:25 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE
Jones C. Thompson M. D. 23B. ADDRESS
Lutheran Hospital of Md. 23C. DATE SIGNED
4/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation 24B. DATE
5/2/52 24C. NAME OF CEMETERY OR CREMATORY
Green Mount Crematory 24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 1 - 1952 REGISTRAR'S SIGNATURE
Huntington Williams, M.D. 25. FUNERAL DIRECTOR
J. Lickner & Sons ADDRESS
Balto., Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4176
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINCENT GRAZIANO

2. DATE
OF DEATH April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4418 Groveland Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4044 Park Heights Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 31, 1861

9. AGE (in years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Own business

10B. KIND OF BUSINESS OR
INDUSTRY

Fruit & Produce

11. BIRTHPLACE (State or foreign country)

Sicily

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Antonio Graziano

14. MOTHER'S MAIDEN NAME

Josephine Azzarello

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Marie Graziano - 4418 Groveland Ave

18.

178X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cancer of Testicle

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Anemia

4 months

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes
myocarditis10 yrs.
10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1952, to April 30, 1952, that I last saw the
deceased alive on April 29, 1952, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

F. L. DeBarbieri

M. D.

23B. ADDRESS

4723 Park Heights Ave

23C. DATE SIGNED

April 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. J. Vickers & Sons

ADDRESS

Balto 17, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Cause of death		9. Place of death		10. Signature of attending physician	
11. Signature of registrar		12. Signature of informant		13. Signature of medical examiner		14. Signature of coroner		15. Signature of funeral director	
16. Signature of health officer		17. Signature of county clerk		18. Signature of city clerk		19. Signature of village clerk		20. Signature of town clerk	
21. Signature of justice of the peace		22. Signature of notary public		23. Signature of minister of the gospel		24. Signature of rabbi		25. Signature of other religious leader	
26. Signature of other official		27. Signature of other official		28. Signature of other official		29. Signature of other official		30. Signature of other official	
31. Signature of other official		32. Signature of other official		33. Signature of other official		34. Signature of other official		35. Signature of other official	
36. Signature of other official		37. Signature of other official		38. Signature of other official		39. Signature of other official		40. Signature of other official	
41. Signature of other official		42. Signature of other official		43. Signature of other official		44. Signature of other official		45. Signature of other official	
46. Signature of other official		47. Signature of other official		48. Signature of other official		49. Signature of other official		50. Signature of other official	
51. Signature of other official		52. Signature of other official		53. Signature of other official		54. Signature of other official		55. Signature of other official	
56. Signature of other official		57. Signature of other official		58. Signature of other official		59. Signature of other official		60. Signature of other official	
61. Signature of other official		62. Signature of other official		63. Signature of other official		64. Signature of other official		65. Signature of other official	
66. Signature of other official		67. Signature of other official		68. Signature of other official		69. Signature of other official		70. Signature of other official	
71. Signature of other official		72. Signature of other official		73. Signature of other official		74. Signature of other official		75. Signature of other official	
76. Signature of other official		77. Signature of other official		78. Signature of other official		79. Signature of other official		80. Signature of other official	
81. Signature of other official		82. Signature of other official		83. Signature of other official		84. Signature of other official		85. Signature of other official	
86. Signature of other official		87. Signature of other official		88. Signature of other official		89. Signature of other official		90. Signature of other official	
91. Signature of other official		92. Signature of other official		93. Signature of other official		94. Signature of other official		95. Signature of other official	
96. Signature of other official		97. Signature of other official		98. Signature of other official		99. Signature of other official		100. Signature of other official	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4177

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CASPER H. STEPHENS

2. DATE OF DEATH May 1 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4105 Northern Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4105 Northern Parkway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 3, 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John H. Stephens

14. MOTHER'S MAIDEN NAME

Virginia Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine R. Stephens - 4105 Northern Pkwy.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio-Vascular/Hypertensive Disease - 10 years

DUE TO

(C) Arteriosclerosis

10 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1949, to May 1, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

23B. ADDRESS

M. D.

4636 Belair Road

23C. DATE SIGNED

5-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 1 - 1952

REGISTRAR'S SIGNATURE

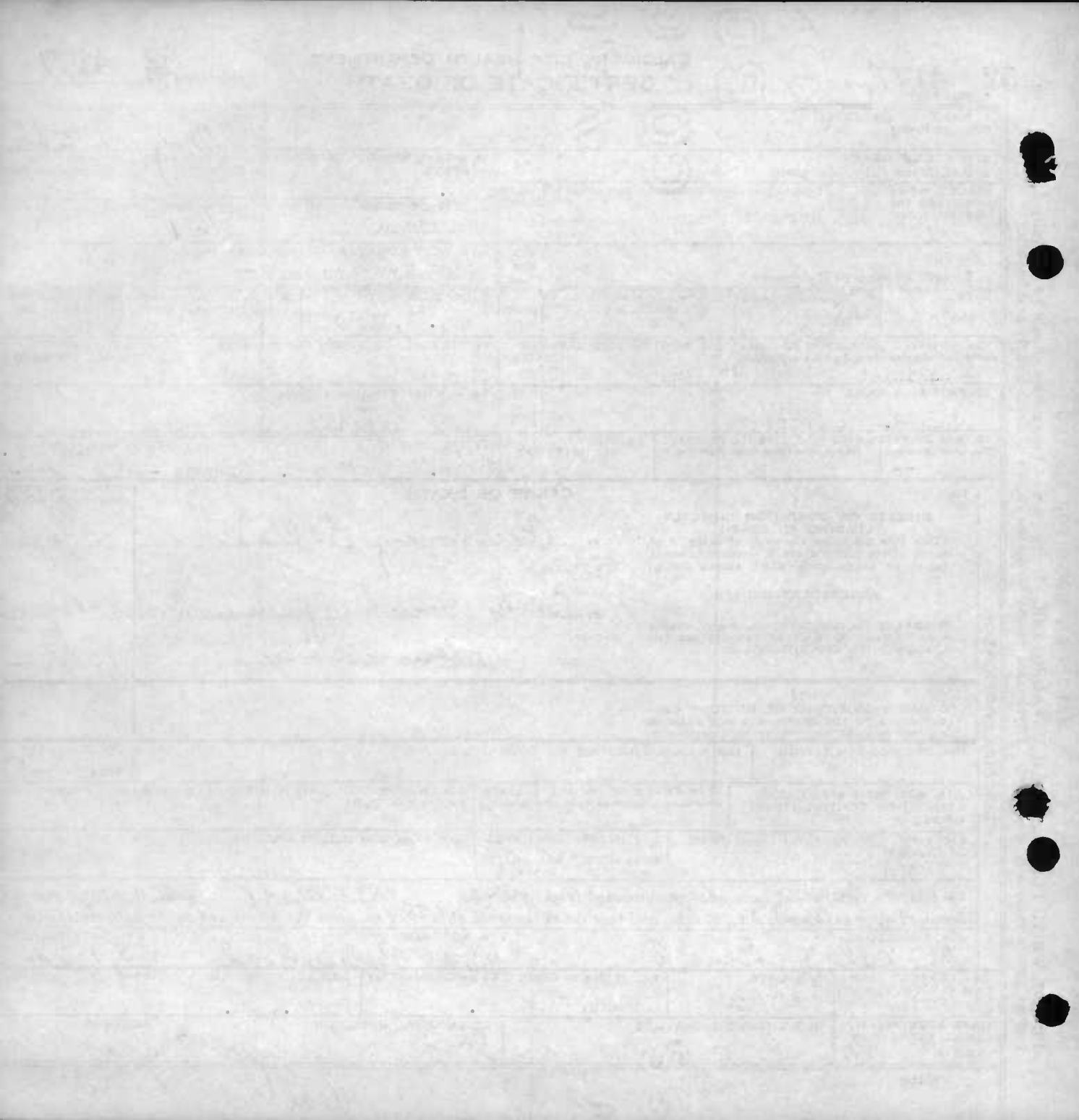
Huntington Wil...

25. FUNERAL DIRECTOR

Jm. J. Sicker & Sons

ADDRESS

Balto 17 Md.



M-460

78

52 4178

52 4178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CAROLINE RUTH MILLER (MÜLLER)			2. DATE OF DEATH APR: 28-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 144 WILLARD STREET			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE CITY 20-04		
c. Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 144 WILLARD STREET		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-3-1877	9. AGE (In years last birthday) 74	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME LIPPMAN ROOS			14. MOTHER'S MAIDEN NAME VICTORIA GROELE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS CHARLES MILLER (HUSBAND) SAME	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis, acute 6 days DUE TO (A) _____	CAUSE OF DEATH Coronary Thrombosis, acute 6 days	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular disease 10 years DUE TO (B) _____	(B) _____	
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Janua., 1948</u> , to <u>28 April, 1952</u> , that I last saw the deceased alive on <u>28 April, 1952</u> , and that death occurred at <u>2:58</u> m., from the causes and on the date stated above.					
23A. SIGNATURE Edward L. J. Krieg, M.D.		23B. ADDRESS 4508 Edmondson Village		23C. DATE SIGNED 1 May 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 2/1952		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY	
24D. LOCATION (City, town, or county) BALTIMORE		24E. STATE MARYLAND		25. FUNERAL DIRECTOR ADDRESS F.B. WIPPERT & SON 1300 Butaw Pl. 17	
DATE RECEIVED BY LOCAL REGISTRAR MAY 2-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

F.B. WIPPERT & SON 1300 Butaw Pl. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Beating

A-536

52 4179

79.

52 4179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

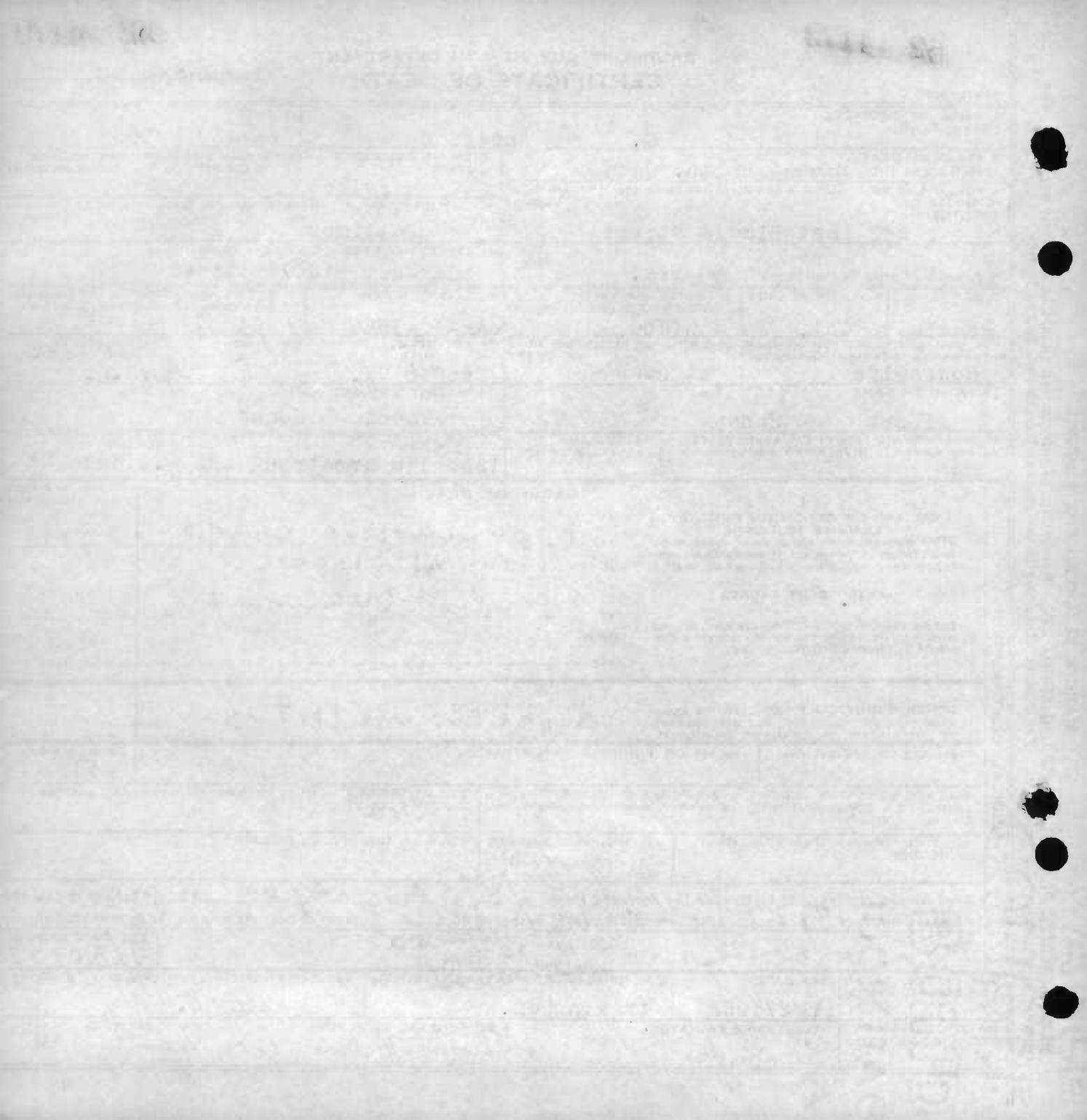
1. NAME OF DECEASED (Type or Print) Etta M. Anderson			2. DATE OF DEATH 4/28/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 262 West Biddle Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04		
c. Length of stay in Baltimore 30 Yrs.			D. STREET ADDRESS (If rural, give location) 262 West Biddle Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar-19-1888	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Tyskin Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Handy			14. MOTHER'S MAIDEN NAME Armond Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Isabella Armstrong 262 W. Biddle St		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardio-renal disease (uremia)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. diabetes mellitus		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/8/52 to 4/28 , 19 52 , that I last saw the deceased alive on 4/27 , 19 52 , and that death occurred at 3:12 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 1500 EAST MADISON ST. BALTIMORE, MD.		23C. DATE SIGNED 4/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/1952		24C. NAME OF CEMETERY OR CREMATORY tyskin Cem.	
24D. LOCATION (City, town, or county) Tyskin Md.					

DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR Chas. O. Wilson 1000 Beantley ave	
---------------------------------------------------------	--	-----------------------------------------------------	--	------------------------------------------------------------------	--

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



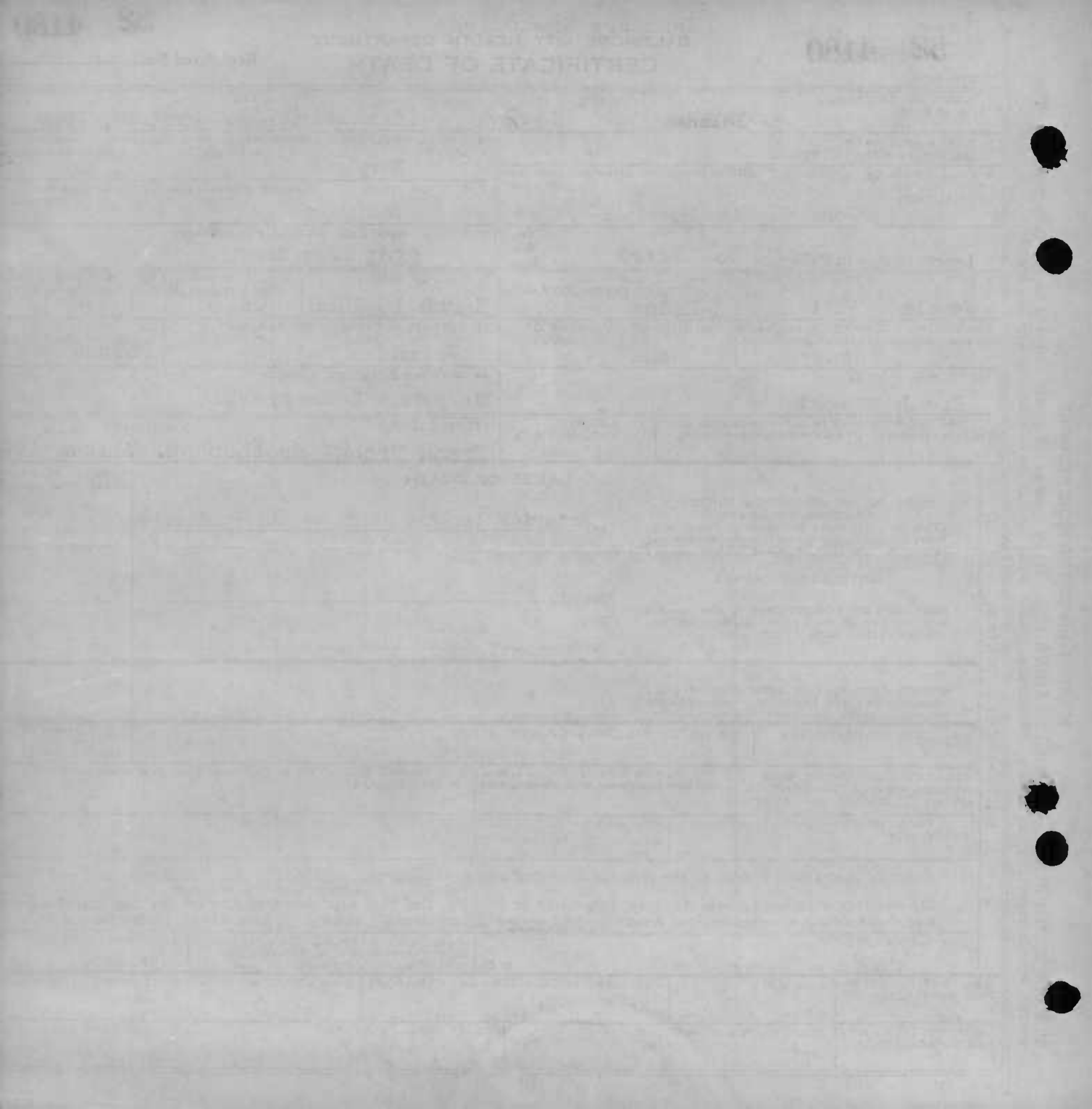
Kazmiera Krakowiak
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4180

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) KAZIMIERA			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 38 Years Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2201 Duker Court 1-04		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 10 1888	9. AGE (In years last birthday) 64	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME Frank Trocki			14. MOTHER'S MAIDEN NAME Maryanna Leszczynski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Frank Trocki Brother		
			ADDRESS 810 S. Milton Ave		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) _____ DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 30, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 2 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.	24D. LOCATION (City, town, or county) (State) Balto. County		
25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS 401 S. Chester St.			



52 4181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4181

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Boyd

2. DATE
OF
DEATH

4-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bal 4

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

1629 Madison St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 16, 1923

9. AGE (in years last birthday)

28

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John BECK

14. MOTHER'S MAIDEN NAME

DAISY STELTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute pulmonary edema

DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Pneumococcal pneumonia

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1952, to 4-30, 1952, that I last saw the deceased alive on 4-30, 1952, and that death occurred at 720 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Norman C. Chouin

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1952

24B. DATE

5-4-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

D. C. County Md

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph B. Lock, Jr.

ADDRESS

1304 N. Central Ave

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, mostly illegible text covering the body of the document, possibly a memorandum or report.]

M-100

52 4182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 4182

BIRTH NO. 52-09977

1. NAME OF DECEASED
(Type or Print)

William Henry Maupai Jr

2. DATE
OF
DEATH

5-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE

B. COUNTY

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital, Inc

C. CITY OR TOWN

Baltimore - 6 Co., 5200

D. STREET ADDRESS (if rural, give location)

4009 Chestnut Ave

c. Length of stay in Baltimore

2

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-29-52

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days

2

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Henry Maupai Jr

14. MOTHER'S MAIDEN NAME

Lillian Schuchart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity (1lb 15oz)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-52, 1952, to 5-1, 1952, that I last saw the deceased alive on 5-1, 1952, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Hon. H. H. Shea

23B. ADDRESS

M. D.

Mercy Hospital Inc

23C. DATE SIGNED

5-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/2/52

24C. NAME OF CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

(State)

Maddox, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William H Maupai 4009 Chestnut Ave

CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Birth		3. Sex	
4. Date of Death		5. Place of Death		6. Cause of Death	
7. Signature of Registrar		8. Signature of Medical Officer		9. Signature of Coroner	
10. Signature of Deceased		11. Signature of Next of Kin		12. Signature of Witnesses	
13. Signature of Registrar		14. Signature of Medical Officer		15. Signature of Coroner	
16. Signature of Deceased		17. Signature of Next of Kin		18. Signature of Witnesses	
19. Signature of Registrar		20. Signature of Medical Officer		21. Signature of Coroner	
22. Signature of Deceased		23. Signature of Next of Kin		24. Signature of Witnesses	
25. Signature of Registrar		26. Signature of Medical Officer		27. Signature of Coroner	
28. Signature of Deceased		29. Signature of Next of Kin		30. Signature of Witnesses	
31. Signature of Registrar		32. Signature of Medical Officer		33. Signature of Coroner	
34. Signature of Deceased		35. Signature of Next of Kin		36. Signature of Witnesses	
37. Signature of Registrar		38. Signature of Medical Officer		39. Signature of Coroner	
40. Signature of Deceased		41. Signature of Next of Kin		42. Signature of Witnesses	
43. Signature of Registrar		44. Signature of Medical Officer		45. Signature of Coroner	
46. Signature of Deceased		47. Signature of Next of Kin		48. Signature of Witnesses	
49. Signature of Registrar		50. Signature of Medical Officer		51. Signature of Coroner	
52. Signature of Deceased		53. Signature of Next of Kin		54. Signature of Witnesses	
55. Signature of Registrar		56. Signature of Medical Officer		57. Signature of Coroner	
58. Signature of Deceased		59. Signature of Next of Kin		60. Signature of Witnesses	
61. Signature of Registrar		62. Signature of Medical Officer		63. Signature of Coroner	
64. Signature of Deceased		65. Signature of Next of Kin		66. Signature of Witnesses	
67. Signature of Registrar		68. Signature of Medical Officer		69. Signature of Coroner	
70. Signature of Deceased		71. Signature of Next of Kin		72. Signature of Witnesses	
73. Signature of Registrar		74. Signature of Medical Officer		75. Signature of Coroner	
76. Signature of Deceased		77. Signature of Next of Kin		78. Signature of Witnesses	
79. Signature of Registrar		80. Signature of Medical Officer		81. Signature of Coroner	
82. Signature of Deceased		83. Signature of Next of Kin		84. Signature of Witnesses	
85. Signature of Registrar		86. Signature of Medical Officer		87. Signature of Coroner	
88. Signature of Deceased		89. Signature of Next of Kin		90. Signature of Witnesses	
91. Signature of Registrar		92. Signature of Medical Officer		93. Signature of Coroner	
94. Signature of Deceased		95. Signature of Next of Kin		96. Signature of Witnesses	
97. Signature of Registrar		98. Signature of Medical Officer		99. Signature of Coroner	
100. Signature of Deceased		101. Signature of Next of Kin		102. Signature of Witnesses	

52 4183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4183
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Effie Smither Hunley

2. DATE
OF
DEATH

May 1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 607 Somerset Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 607 Somerset RoadC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 27-14

D. STREET ADDRESS (If rural, give location)

607 Somerset Road

c. Length of stay in Baltimore

49 Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE-MARRIED.

WIDOWED-DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 13-1893

9. AGE (In years
last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles W. Smither

14. MOTHER'S MAIDEN NAME

Blanche Clay

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or not known)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

None

17. INFORMANT

Alfred S. Hunley 607 Somerset Rd.

ADDRESS

18.

181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Carcinoma Bladder
Cerebral Metastases

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to 5/1, 1952 that I last saw the
deceased alive on 4/30, 1952, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Haller A. Bacter

M. D.

23B. ADDRESS

2101 SE Paul St

23C. DATE SIGNED

5/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 3-1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lester M. H. E.

ADDRESS

2224 N. Charles St

1183 33

CERTIFICATE OF DEATH

MAY 1-1963

John W. Smith

1000 1st St.

1000

1000 1st St.

1000

1000 1st St.

1000

1000 1st St.

1000

1000

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000

1000

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

1000 1st St.

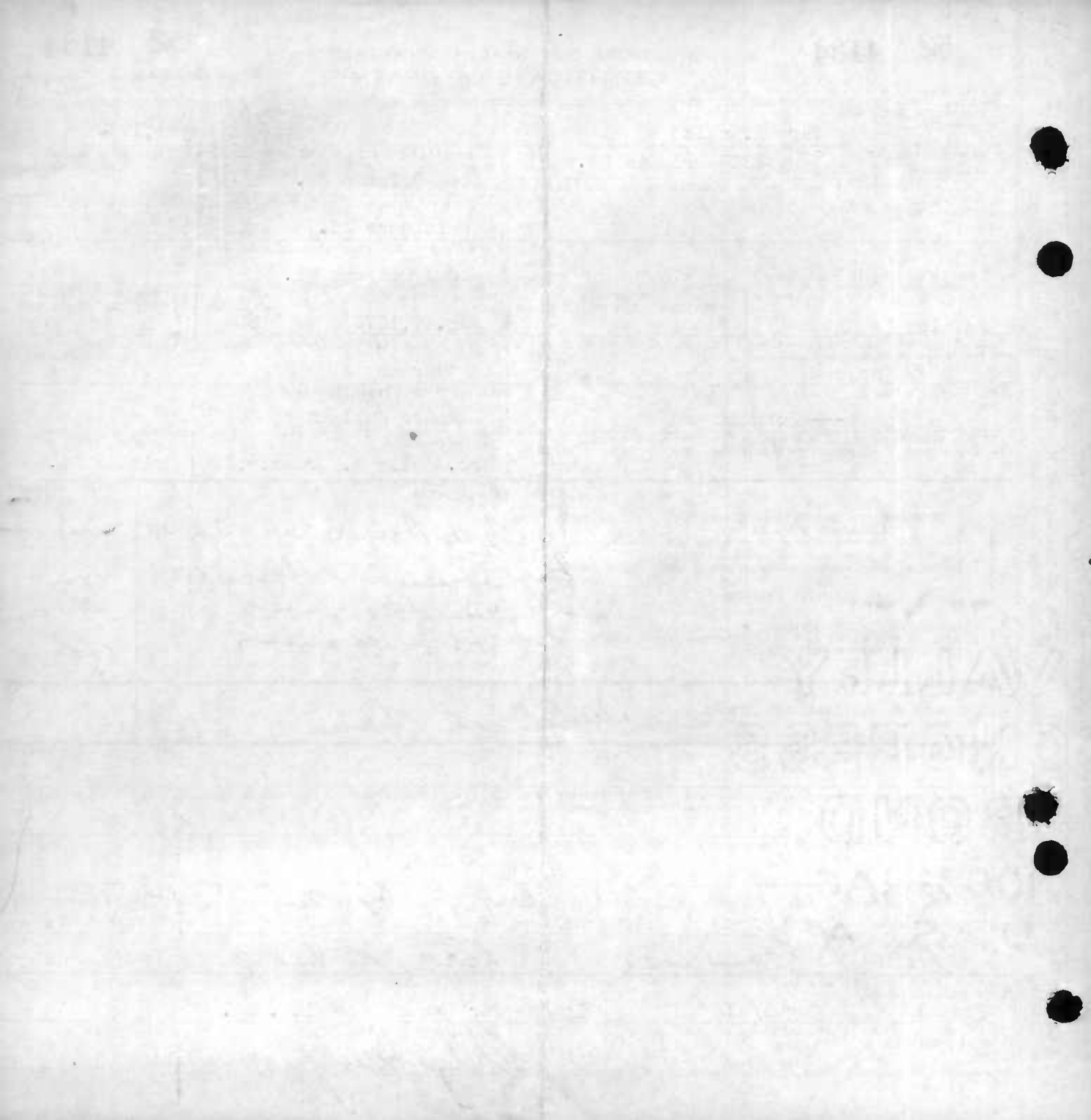
52 4184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4184

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mary A. Ennis			2. DATE OF DEATH May 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2204 Orleans St.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 2204 Orleans St. B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) 60			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. 6-03					
C. Length of stay in Baltimore 75yrs			D. STREET ADDRESS (If rural, give location) 2204 Orleans St.					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 27, 1872		9. AGE (in years last birthday) 80		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Germany		
12. CITIZEN OF WHAT COUNTRY?			14. MOTHER'S MAIDEN NAME Barbara Kullman					
13. FATHER'S NAME --- Schmidt			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow) (If yes, give war or dates of service) no no					
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Mrs. Adelle A. Hardesty, 2204 Orleans St.					
18. 260X			CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Cerebral Hemorrhage Apr 28 1951					
ANTECEDENT CAUSES			DUE TO Hypertension - Myocardial 1940					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Arteriosclerosis 1940					
			DUE TO Decay of all arteries 1940					
			(C) Cholesterol ?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>								
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 1951 , 19 51 , to May 1 , 19 52 , that I last saw the deceased alive on April 22 , 19 51 , and that death occurred at m. , from the causes and on the date stated above.								
23A. SIGNATURE William J. Bloomer			23B. ADDRESS 3426			23C. DATE SIGNED May 1 - 52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE May 5/52			24C. NAME OF CEMETERY OR CREMATORY Loudon Park Ceme		
24D. LOCATION (City, town, or county) Balto. Md.			24E. REGISTRAR'S SIGNATURE Huntington Williams					
24F. FUNERAL DIRECTOR Philip H. Harris			24G. ADDRESS 224 Orleans St.					



52 4185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry George Miller

2. DATE
OF
DEATH

4/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1312 Light St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

23-07

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Md

D. STREET ADDRESS (If rural, give location)

1312 Light St

c. Length of stay in Baltimore

Lufi

Yrs.
Mos.
Days

5. SEX

m.

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/23/1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance man apt house

10B. KIND OF BUSINESS OR
INDUSTRY

Apt House

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob J. Miller

14. MOTHER'S MAIDEN NAME

Angela Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs John Long

ADDRESS

Same

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

- Chronic - Mitral Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

- Rheumatism (Chronic)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29/51, 19, to 4/30, 1962, that I last saw the
deceased alive on 4/29, 1962, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Melde Md

M. D.

23B. ADDRESS

1279, Pullman St

23C. DATE SIGNED

4/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/2/52

24C. NAME OF CEMETERY OR CREMATORY

Staley C road

24D. LOCATION (City, town, or county)

Ritchie Highway

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1952

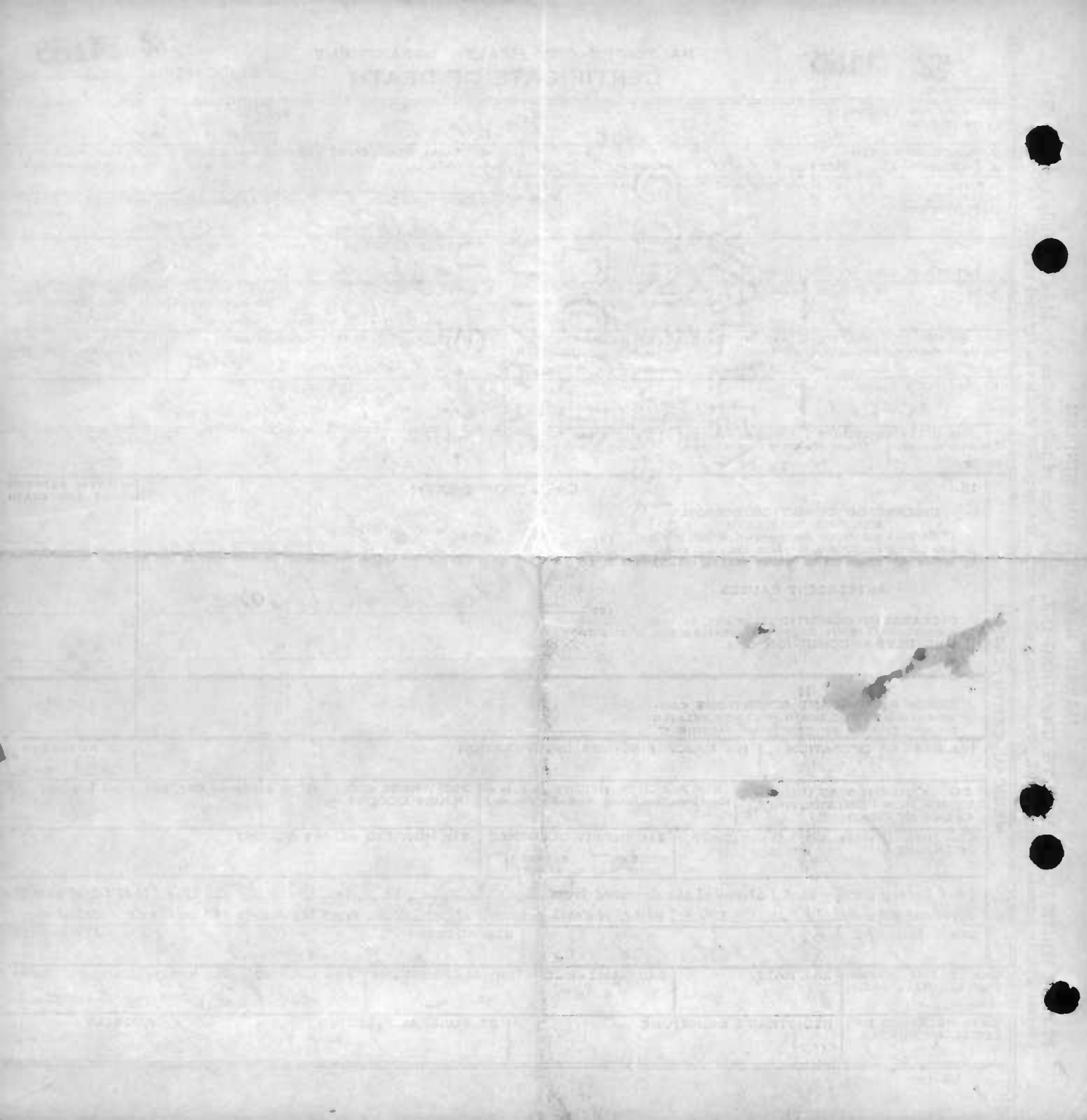
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Sheehy Sons

ADDRESS



7-550
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4186

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MATTIE DILLER Lehman			2. DATE OF DEATH MAY 1, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Penna. b. COUNTY V-25		
b. FULL NAME OF HOSPITAL OR INSTITUTION Pinecrest Sanatorium			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chambersburg		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) R. R. #2		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1892	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		
11. BIRTHPLACE (State or foreign country) Penna.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob Diller			14. MOTHER'S MAIDEN NAME Elizabeth Frey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records			ADDRESS		
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thromboses with Right hemiplegia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Arteriosclerosis ? Generalized Arteriosclerosis ?			INTERVAL BETWEEN ONSET AND DEATH 10 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Broncho-pneumonia-bilateral			3 days		
19a. DATE OF OPERATION 0			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from JANUARY 25, 1951 , to MAY 1, 1952 , that I last saw the deceased alive on MAY 1, 1952 , and that death occurred at 6 P m., from the causes and on the date stated above.					
23a. SIGNATURE Melvin N. Borden			23b. ADDRESS 5000 Old Frederick Road		23c. DATE SIGNED 5/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/2/52	24c. NAME OF CEMETERY OR CREMATORY Mennonite Cem.		24d. LOCATION (City, town, or county) (State) Chambersburg, Penna.
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Pickens & Sons Balto 17, Md.	

616

52 4187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4187

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY M. CARVER

2. DATE
OF
DEATH

April 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 University Hoop

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

May 22, 1910

9. AGE (In years,
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

James Store

14. MOTHER'S MAIDEN NAME

Dora Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Brandon 7289 Bruce St.

18. 224X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Shock

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Hypertension

7

DUE TO

Pituitary tumor

3 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fatty infiltration of liver

19A. DATE OF OPERATION

Apr. 25

19B. MAJOR FINDINGS OF OPERATION

Increased intracranial pressure

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1952, to April 27, 1952, that I last saw the deceased alive on April 27, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hoop.

23C. DATE SIGNED

April 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

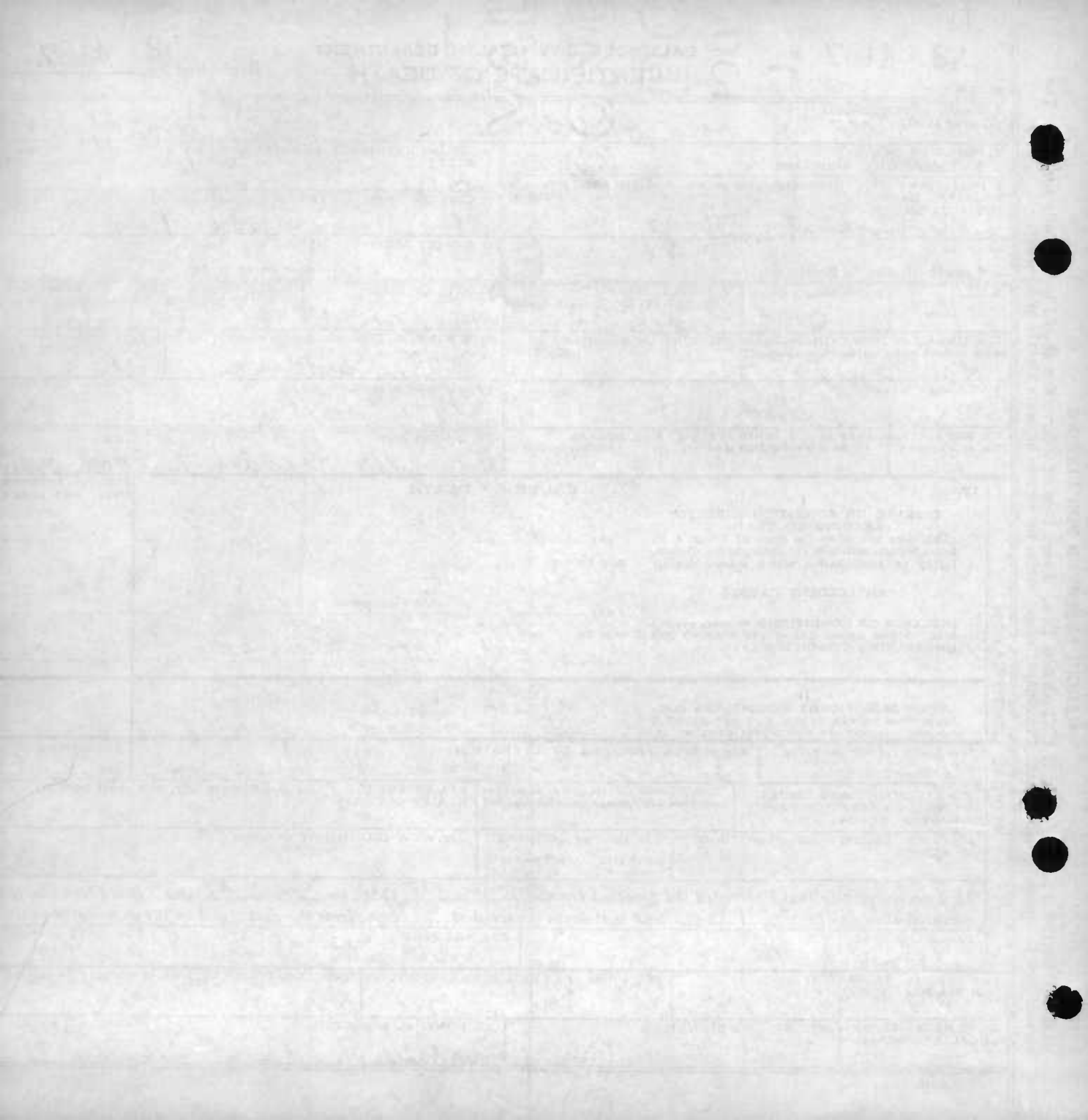
3220 Schueder St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION



W-252

52 4188

52 4188

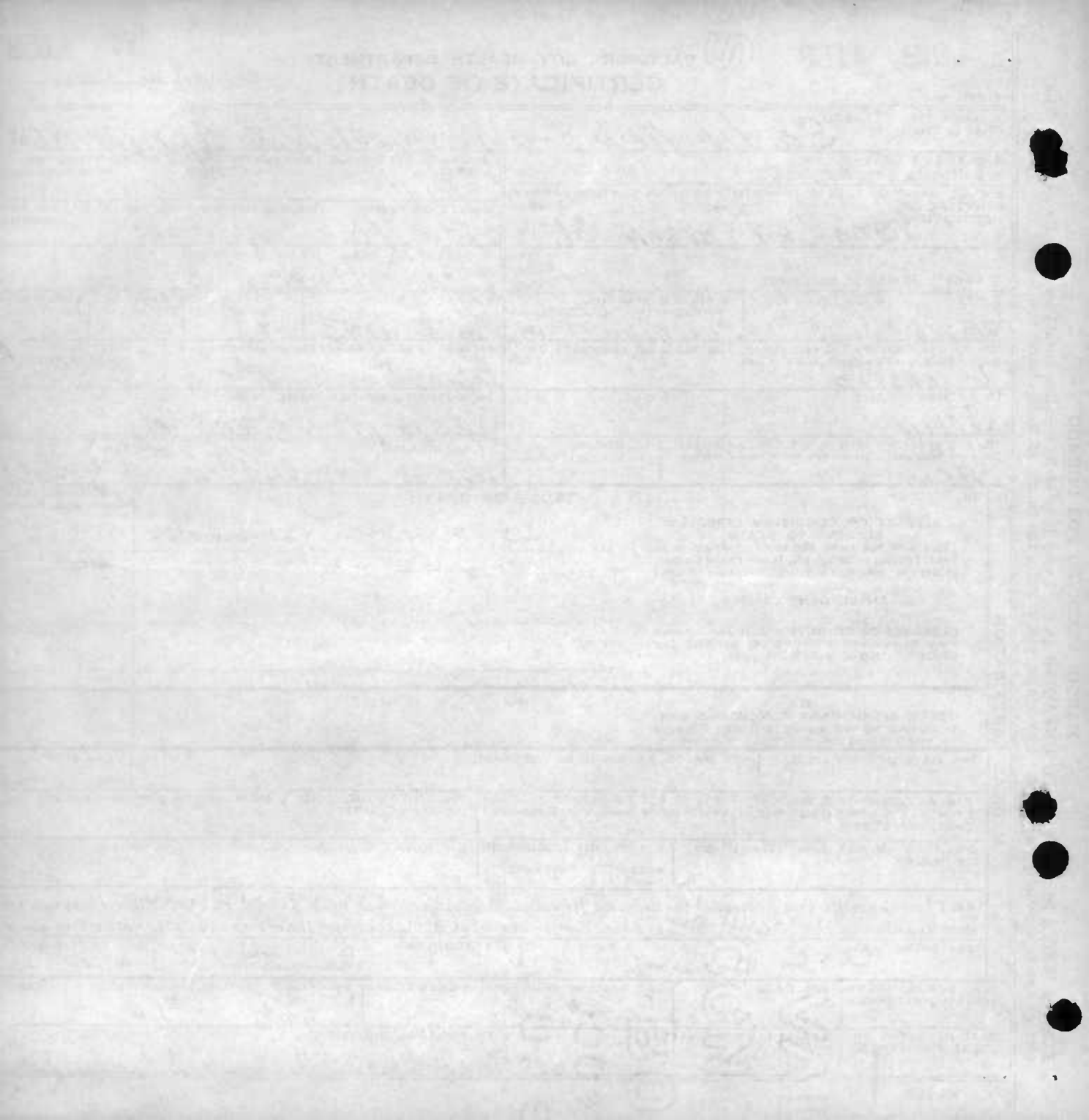
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Sadie Henson Washington</i>		2. DATE OF DEATH <i>April 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>5-01</i>		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. FULL NAME OF HOSPITAL OR INSTITUTION <i>1200 Jefferson St.</i>		7. STREET ADDRESS (If rural, give location) <i>1200 Jefferson St.</i>		8. DATE OF BIRTH <i>May 28, 1903</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		9. AGE (in years last birthday) <i>48</i>		10. Under 1 Year Months _____ Days _____	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Col.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married Sep</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Prince Georges Co. Md.</i>	
13. FATHER'S NAME <i>John</i>		14. MOTHER'S MAIDEN NAME <i>Susie Henderson</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Walter Washington</i>	
18. <i>420.1</i>		CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II _____			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>15 March, 1952</i> , to <i>28 April, 1952</i> , that I last saw the deceased alive on <i>15 April, 1952</i> , and that death occurred at <i>6:15 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. E. Bunnell</i>		23B. ADDRESS <i>121 Cisquet St.</i>		23C. DATE SIGNED <i>4/30/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 2, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wt. Auburn Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mrs. Katie R. Williams</i>		ADDRESS <i>322 N. Schroeder St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Date of birth: _____</p>	
<p>5. Place of birth: _____</p>		<p>6. Date of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Place of death: _____</p>	
<p>9. Signature of physician: _____</p>		<p>10. Signature of registrar: _____</p>	
<p>11. Date of registration: _____</p>		<p>12. Signature of informant: _____</p>	
<p>13. Address of informant: _____</p>		<p>14. Signature of registrar: _____</p>	
<p>15. Date of registration: _____</p>		<p>16. Signature of registrar: _____</p>	
<p>17. Address of informant: _____</p>		<p>18. Signature of registrar: _____</p>	
<p>19. Date of registration: _____</p>		<p>20. Signature of registrar: _____</p>	
<p>21. Address of informant: _____</p>		<p>22. Signature of registrar: _____</p>	
<p>23. Date of registration: _____</p>		<p>24. Signature of registrar: _____</p>	
<p>25. Address of informant: _____</p>		<p>26. Signature of registrar: _____</p>	
<p>27. Date of registration: _____</p>		<p>28. Signature of registrar: _____</p>	
<p>29. Address of informant: _____</p>		<p>30. Signature of registrar: _____</p>	
<p>31. Date of registration: _____</p>		<p>32. Signature of registrar: _____</p>	
<p>33. Address of informant: _____</p>		<p>34. Signature of registrar: _____</p>	
<p>35. Date of registration: _____</p>		<p>36. Signature of registrar: _____</p>	
<p>37. Address of informant: _____</p>		<p>38. Signature of registrar: _____</p>	
<p>39. Date of registration: _____</p>		<p>40. Signature of registrar: _____</p>	
<p>41. Address of informant: _____</p>		<p>42. Signature of registrar: _____</p>	
<p>43. Date of registration: _____</p>		<p>44. Signature of registrar: _____</p>	
<p>45. Address of informant: _____</p>		<p>46. Signature of registrar: _____</p>	
<p>47. Date of registration: _____</p>		<p>48. Signature of registrar: _____</p>	
<p>49. Address of informant: _____</p>		<p>50. Signature of registrar: _____</p>	
<p>51. Date of registration: _____</p>		<p>52. Signature of registrar: _____</p>	
<p>53. Address of informant: _____</p>		<p>54. Signature of registrar: _____</p>	
<p>55. Date of registration: _____</p>		<p>56. Signature of registrar: _____</p>	
<p>57. Address of informant: _____</p>		<p>58. Signature of registrar: _____</p>	
<p>59. Date of registration: _____</p>		<p>60. Signature of registrar: _____</p>	
<p>61. Address of informant: _____</p>		<p>62. Signature of registrar: _____</p>	
<p>63. Date of registration: _____</p>		<p>64. Signature of registrar: _____</p>	
<p>65. Address of informant: _____</p>		<p>66. Signature of registrar: _____</p>	
<p>67. Date of registration: _____</p>		<p>68. Signature of registrar: _____</p>	
<p>69. Address of informant: _____</p>		<p>70. Signature of registrar: _____</p>	
<p>71. Date of registration: _____</p>		<p>72. Signature of registrar: _____</p>	
<p>73. Address of informant: _____</p>		<p>74. Signature of registrar: _____</p>	
<p>75. Date of registration: _____</p>		<p>76. Signature of registrar: _____</p>	
<p>77. Address of informant: _____</p>		<p>78. Signature of registrar: _____</p>	
<p>79. Date of registration: _____</p>		<p>80. Signature of registrar: _____</p>	
<p>81. Address of informant: _____</p>		<p>82. Signature of registrar: _____</p>	
<p>83. Date of registration: _____</p>		<p>84. Signature of registrar: _____</p>	
<p>85. Address of informant: _____</p>		<p>86. Signature of registrar: _____</p>	
<p>87. Date of registration: _____</p>		<p>88. Signature of registrar: _____</p>	
<p>89. Address of informant: _____</p>		<p>90. Signature of registrar: _____</p>	
<p>91. Date of registration: _____</p>		<p>92. Signature of registrar: _____</p>	
<p>93. Address of informant: _____</p>		<p>94. Signature of registrar: _____</p>	
<p>95. Date of registration: _____</p>		<p>96. Signature of registrar: _____</p>	
<p>97. Address of informant: _____</p>		<p>98. Signature of registrar: _____</p>	
<p>99. Date of registration: _____</p>		<p>100. Signature of registrar: _____</p>	

52 4190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4190

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES LEE

2. DATE
OF
DEATH

4/30/52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MARYLAND -

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

1711 W. FRANKLIN ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 19-01

D. STREET ADDRESS (If rural, give location)

1711 W. ST. FRANKLIN ST.

c. Length of stay in Baltimore

55

Yrs.
Mos.
Days

5. SEX

MALE.

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/15/91

9. AGE (in years
last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

GEN. WORK

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

UNKNOWN.

14. MOTHER'S MAIDEN NAME

FLORENCE CAIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

2

17. INFORMANT

NORA LEE W. FRANKLIN ST

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1957, to Apr 30, 1952 that I last saw the
deceased alive on Apr 28, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Shipperd

M. O.

23B. ADDRESS

604 N. Fulton Ave

23C. DATE SIGNED

5-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY BALTIMORE

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William A Jackson 916 PENNA. AVE.

ADDRESS

MAY 2-1952

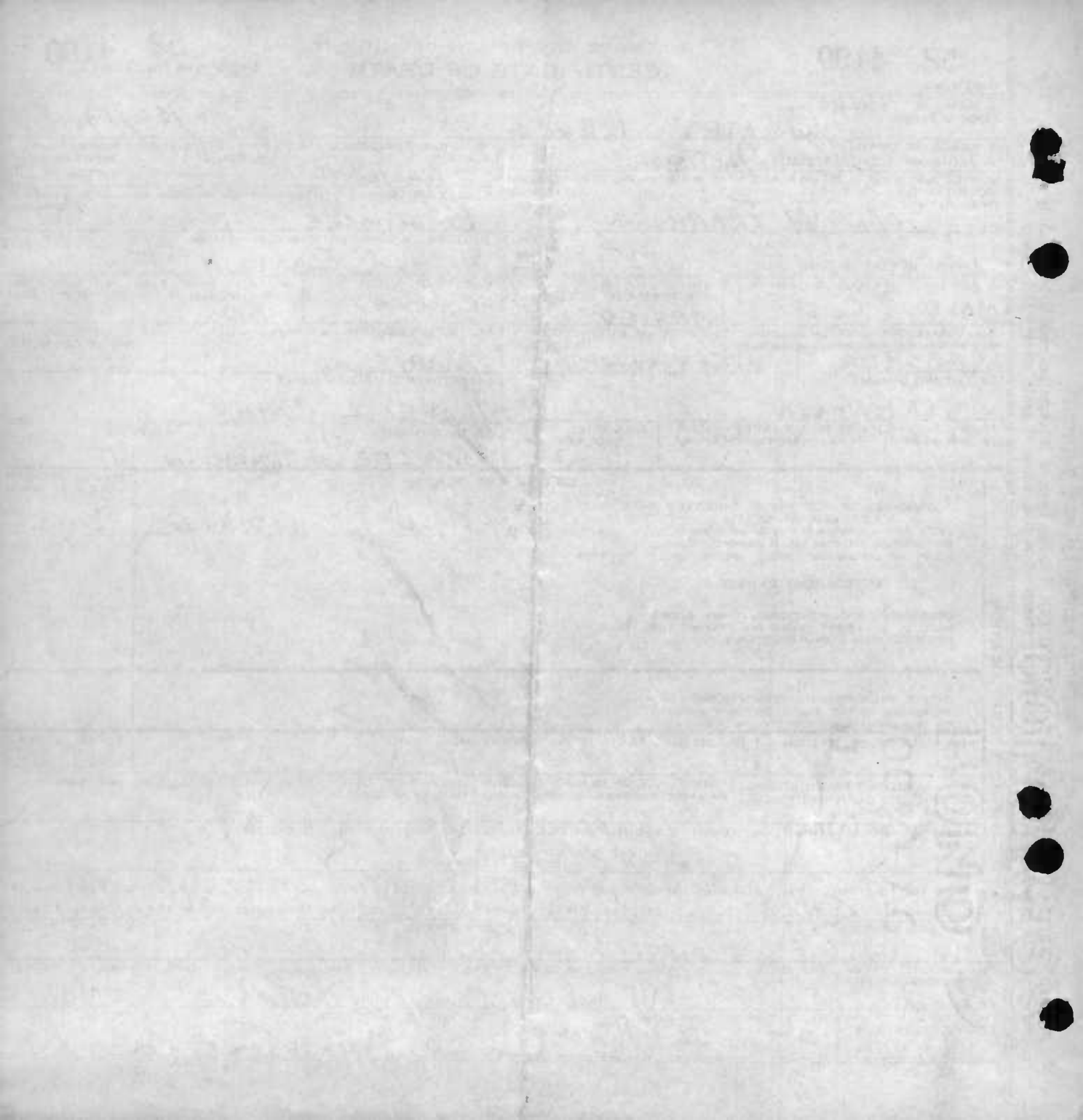
VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wellington Puckett

2. DATE
OF
DEATH

4-30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40 ST. Agnes Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4422 Maple Ave 5200

c. Length of stay in Baltimore

50 1/2 yrs.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-22-1880

9. AGE (in years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STORE ROOM CLERK (RETIRED)

10B. KIND OF BUSINESS OR

CAMPELL METAL INDUSTRY

11. BIRTHPLACE (State or foreign country)

RICHMOND VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chifney Puckett (Retired Farmer)

14. MOTHER'S MARDEN NAME

Adelaide Bragg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

210-10-6814

17. INFORMANT

ADDRESS

ANNIE PUCKETT 4422 MAPLE AVE

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ... Coronary Arterial C.V. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ... Congestive Heart Failure

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1952, to 4-30, 1952, that I last saw the deceased alive on 4-30, 1952 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George J. Stone

M. D.

23B. ADDRESS

5400 ...

23C. DATE SIGNED

4-30-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph T. Ambrose 1321 S. ...

ADDRESS

M-626

52 4192

52 4192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES HENRY MARKERT

2. DATE OF DEATH Apr. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1908 Kennedy Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1908 Kennedy Avenue

C. Length of stay in Baltimore Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Apr. 7, 1885

9. AGE (In years last birthday)

67

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
B & O R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Adam Markert

14. MOTHER'S MAIDEN NAME

Dorothy Meier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
705-03-905617. INFORMANT 1908 Kennedy Avenue - 13
Mrs. Erna E. Markert

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension, Chl Nephritis

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1952, May 29, 1952, that I last saw the deceased alive on May 29, 1952 and that death occurred at 1:30 AM from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Moninger, M. D.

23B. ADDRESS

800 E North Ave

23C. DATE SIGNED

May 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/2/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

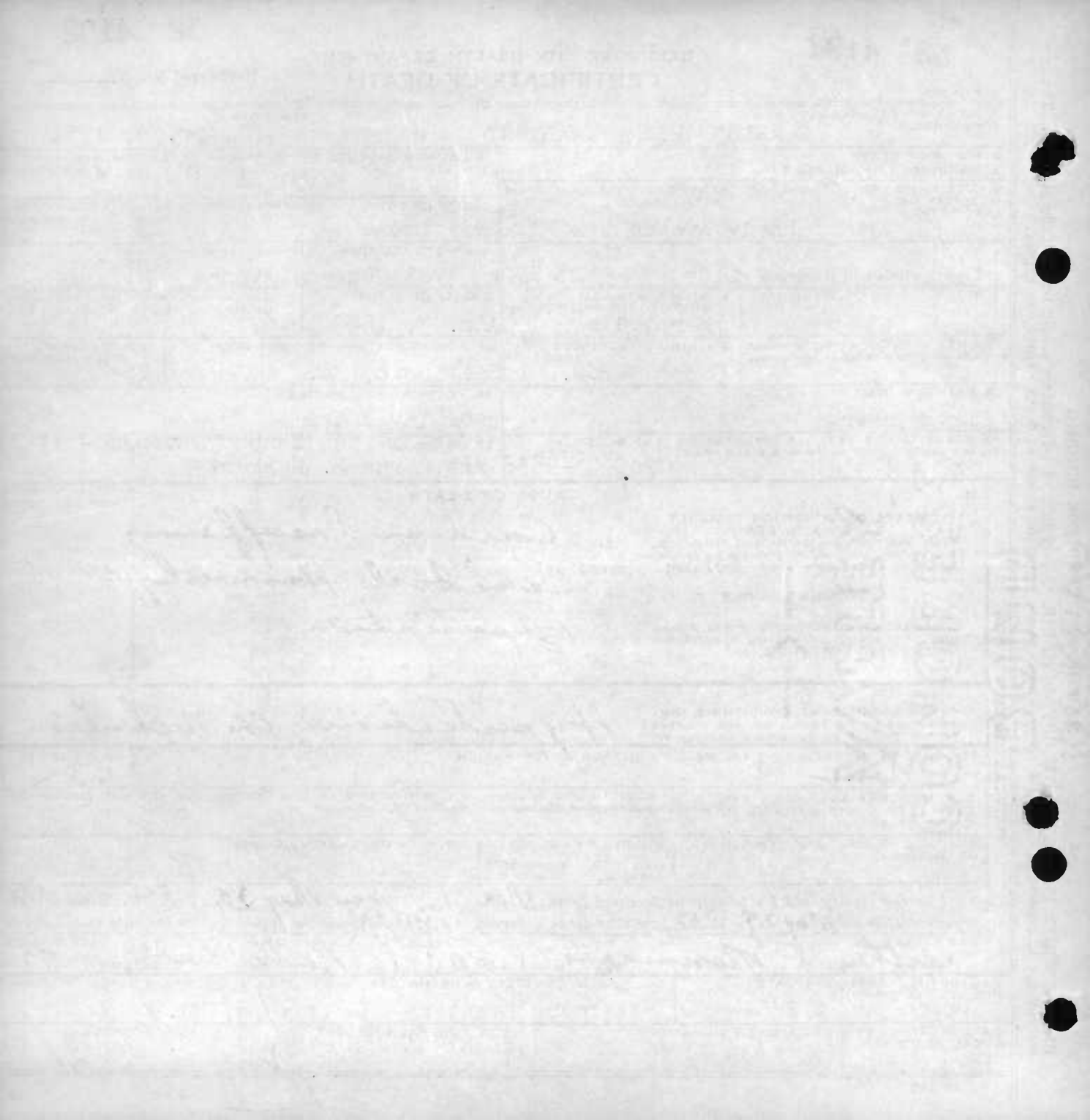
BALTO., 13, MD.

VS 150

69050

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 4193

52 4193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)Livingston, Howard Billingsley

2. DATE

OF DEATH May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18

D. STREET ADDRESS (If rural, give location)

2806 Kennedy Avenuec. Length of stay in Baltimore LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 28, 1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George W. Livingston

14. MOTHER'S MAIDEN NAME

Alice V. Peregoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT 2806 Kennedy Avenue-18
Mrs. Elizabeth Livingston18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac decompensation

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1952, to May 1, 1952 that I last saw the deceased alive on May 1, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Howard Billingsley Livingston

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

May 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO, 13, Md.

VS 150

MAY 2 - 1952

59046

Seg. V. Parker

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO
LIBRARY

WATKINS
CONFIDENTIAL

M-632
T-#2052 4194

Murdock
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 4194

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED. (Type or Print) <i>Elizabeth Murdock (nee Thomas)</i>			2. DATE OF DEATH <i>April 29, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>19-01</i>		
c. Length of stay in Baltimore <i>40 Yrs</i>			D. STREET ADDRESS (If rural, give location) <i>404 W. Camden St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>Aug. 1st, 1895</i>		9. AGE (in years last birthday) <i>56 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>Nasau, B.W.I.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Cain G. Thomas</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Montgomery</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>153X and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Irreversible Shock</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Diabetic acidosis</i> (C) <i>Ca splenic flexure</i>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>4-27-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Ca splenic flexure</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>4-27</i> , 1952, to <i>4-29</i> , 1952, that I last saw the deceased alive on <i>4-29</i> , 1952, and that death occurred at <i>555</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John B. Burroughs</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4-29-52</i>
24A. BURIAL OR CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/3/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem'l. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. County, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 2 - 1952</i>		25. FUNERAL DIRECTOR ADDRESS <i>Chas. G. Cooper-512 Carrollton Av.</i>	

7208A Charles Cooper

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Section 16
T. 12 N. R. 10 E. S. 36
County of Lincoln, Nebraska

Surveyed by

Section 16

Section 16

X

Section 16

Section 16

Section 16

Section 16

Section 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4195
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OZALEA

SMITH

2. DATE
OF
DEATH April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

Route 2, Box 369-A

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 1916 36

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Wife

11. BIRTHPLACE (State or foreign country)

Monticello S.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wichie Manago

14. MOTHER'S MAIDEN NAME

Annie Mae

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

249-22-974

17. INFORMANT

ADDRESS

J. Smith 1909 Piggs Ave

18. E 816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of neck and jaw

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Ritchie Highway & Furnace Branch Road

21D. TIME (Month) (Day) (Year) (Hour)

April 26, 1952 10:00 Pm.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and truck collision 52-00

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

April 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/4/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Church Cem. Monticello S.C.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

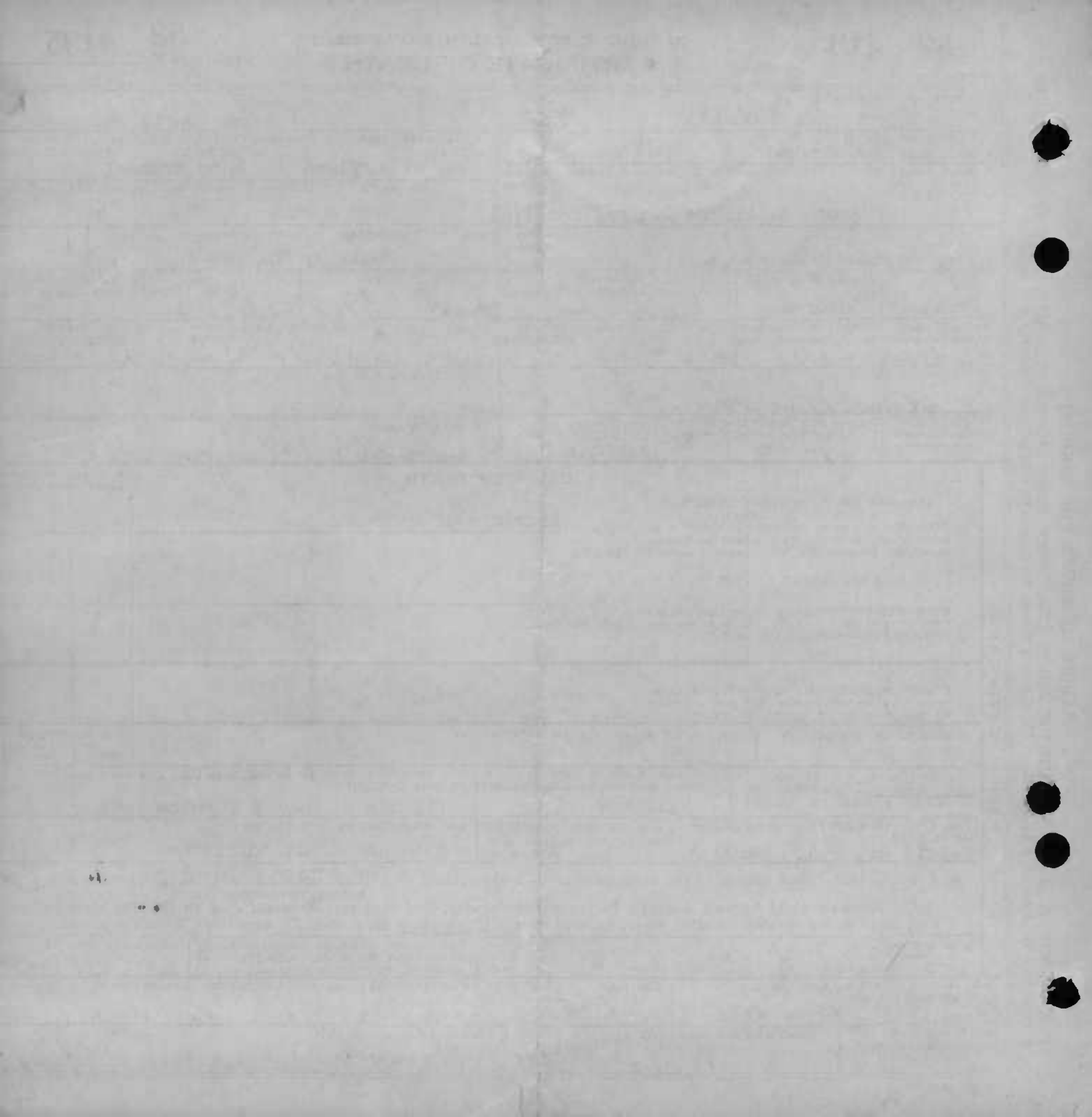
25. FUNERAL DIRECTOR

ADDRESS

MAY 2 - 1952 J. H. Williams 15-15 McElroy

VS 151

N 805.0



530

52 4196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4196
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT J. SMITH

2. DATE
OF
DEATH

April 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

S. Balt. General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

A.A. Co. Md

c. Length of stay in Baltimore

Several years

D. STREET ADDRESS (If rural, give location)

Rt. 2 Box 369A

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/26/52

9. AGE (In years
last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Md Drydock Painter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Monticello SC, U.S.A

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joe Smith

14. MOTHER'S MAIDEN NAME

Sevilla Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

3-78-05-48490 Smith 1909 Riggs Ave

18. E816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) FRACTURE OF SKULL
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

HIGHWAY

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

RICHER HIGHWAY + Turner Branch Rd

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Apr 26, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

IN AUTO hit Truck collision

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

April 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/4/52

24C. NAME OF CEMETERY OR CREMATORY

St Peter's Church Cem. Monticello SC

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

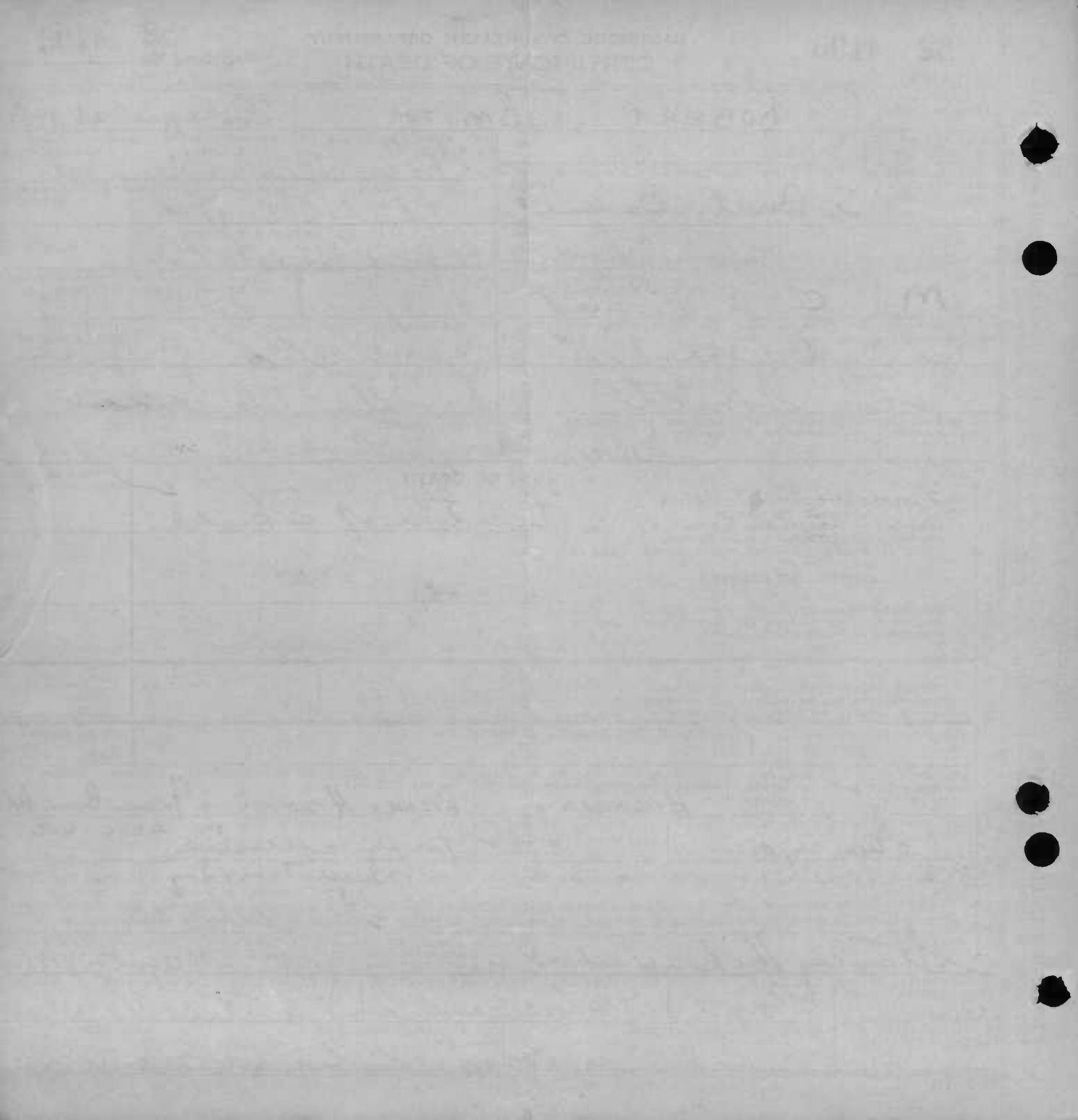
ADDRESS

Wm Williams 1515 N. Elderly H

MAY 2 1952

N 803.2

56430



MARTIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4197

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Edna Viola Martin</i>			2. DATE OF DEATH <i>4-30-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD.</i> b. COUNTY <i>Balto.</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>44 Union Memorial Hosp.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-14</i>		
c. Length of stay in Baltimore <i>45</i> Yrs. <i>—</i> Mos. <i>—</i> Days			o. STREET ADDRESS (If rural, give location) <i>4526 Keswick Rd.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Oct. 20, 1903</i>	9. AGE (In years last birthday) <i>48</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Benjamin F. Armacost</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Elizabeth ABkin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>—</i>		
			17. INFORMANT ADDRESS <i>Same George Franklin Martin</i>		

18. <i>153X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Adenocarcinoma of Sigmoid</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-27-1952</i> to <i>4-30-1952</i> , that I last saw the deceased alive on <i>4-30-1952</i> , and that death occurred at <i>4:15 P. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>James H. White M.D.</i>		23b. ADDRESS <i>Union Memorial Hosp.</i>		23c. DATE SIGNED <i>4-30-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 3-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	24d. LOCATION (City, town, or county) (State) <i>Pikesville, Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 2-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Horace F. Burgee</i>		ADDRESS <i>3631 Falls Road</i>	

RECEIVED

DEPARTMENT OF JUSTICE

UNITED STATES OF AMERICA

1964

100-4117

TO: DIRECTOR, FBI (100-4117)
FROM: SAC, NEW YORK (100-4117)
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

M-2-56

52 4198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4198

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John D. McInerney

2. DATE
OF DEATH April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Garrison Nursing Home
2803 Garrison Boulevard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3307 Dorchester Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 19, 1880

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk - Office

10B. KIND OF BUSINESS OR
INDUSTRY

Howard Sports Baileys

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John McInerney

14. MOTHER'S MAIDEN NAME

Jane Fee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie G. McInerney, 3307 Dorchester Road

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bronchogenic
Carcinoma - left Bronchus.

8 months.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

5 yrs.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1938, to April 30, 1952, that I last saw the
deceased alive on April 28, 1952, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty St. A.

23C. DATE SIGNED

5/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

5/2/52

24C. NAME OF CEMETERY OR CREMATORY

East Chicago

24D. LOCATION (City, town, or county)

East Chicago, Indiana

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

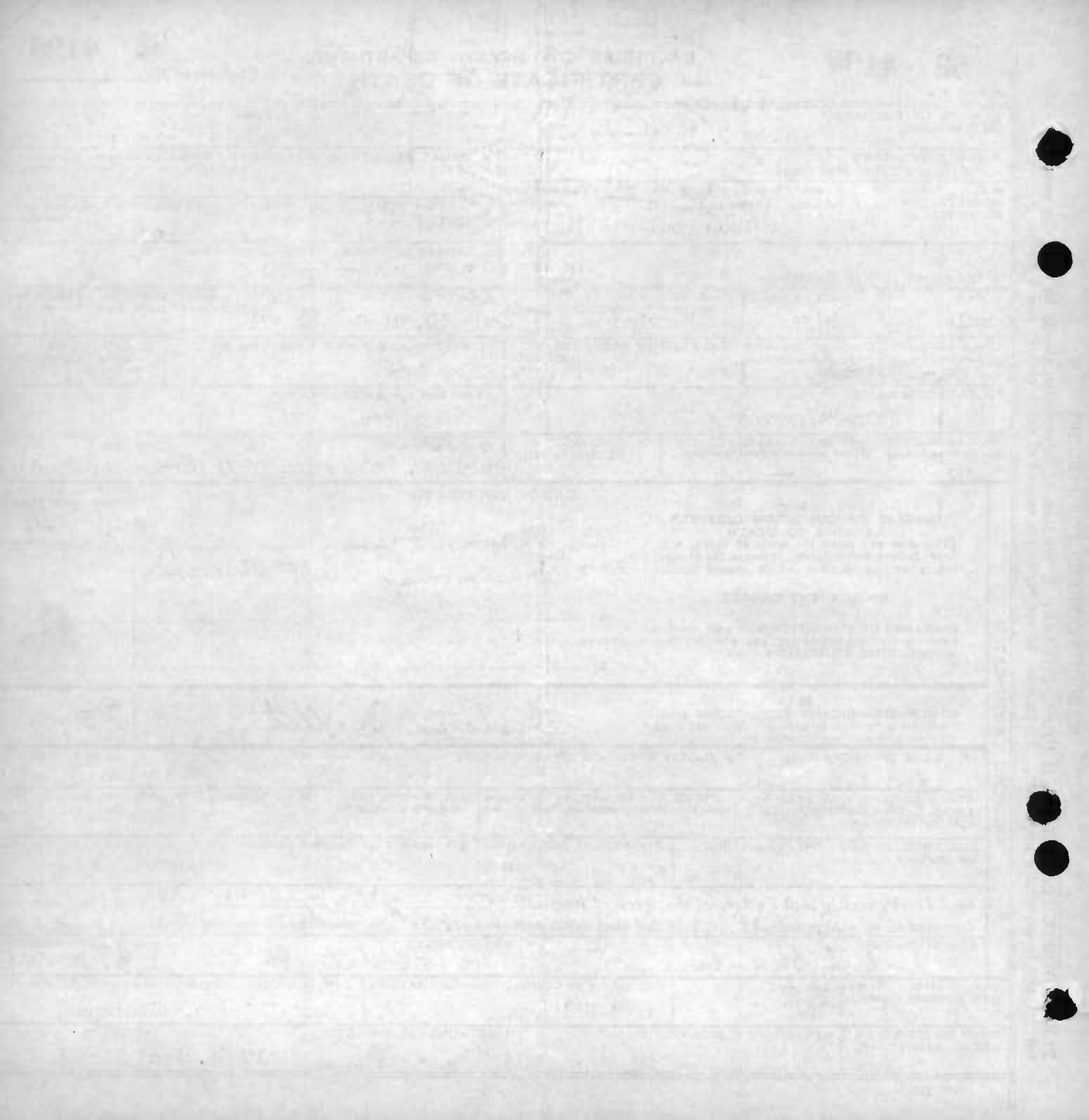
VS 150

3904M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 4199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4199
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*John W. Bromelsick*2. DATE
OF
DEATH*5/1/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*424 Halwyn Ave*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 27-1

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

424 Halwyn Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

*Male**White**Widowed**6/16/1884**67**10**15*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Journeyman**House Painting*

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Bromelsick

14. MOTHER'S MAIDEN NAME

Anna M. Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Robert A. L. Bromelsick Halwyn Ave*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Myocardial Infarction*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Atherosclerosis*

DUE TO

(C) *Hypertension*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diastolic filer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/15*, 19*48*, to *5/1*, 19*52*; that I last saw the deceased alive on *4/1/52*, 19*52*, and that death occurred at *11¹⁵ A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Samuel J. Schwartz

M. D.

23B. ADDRESS

2320 Eutaw Place

23C. DATE SIGNED

5/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**5/5/52**Western**Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 2 1952**Huntington Williams, M.D.**Wm. Bok Inc. 1217 St. Paul St.*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

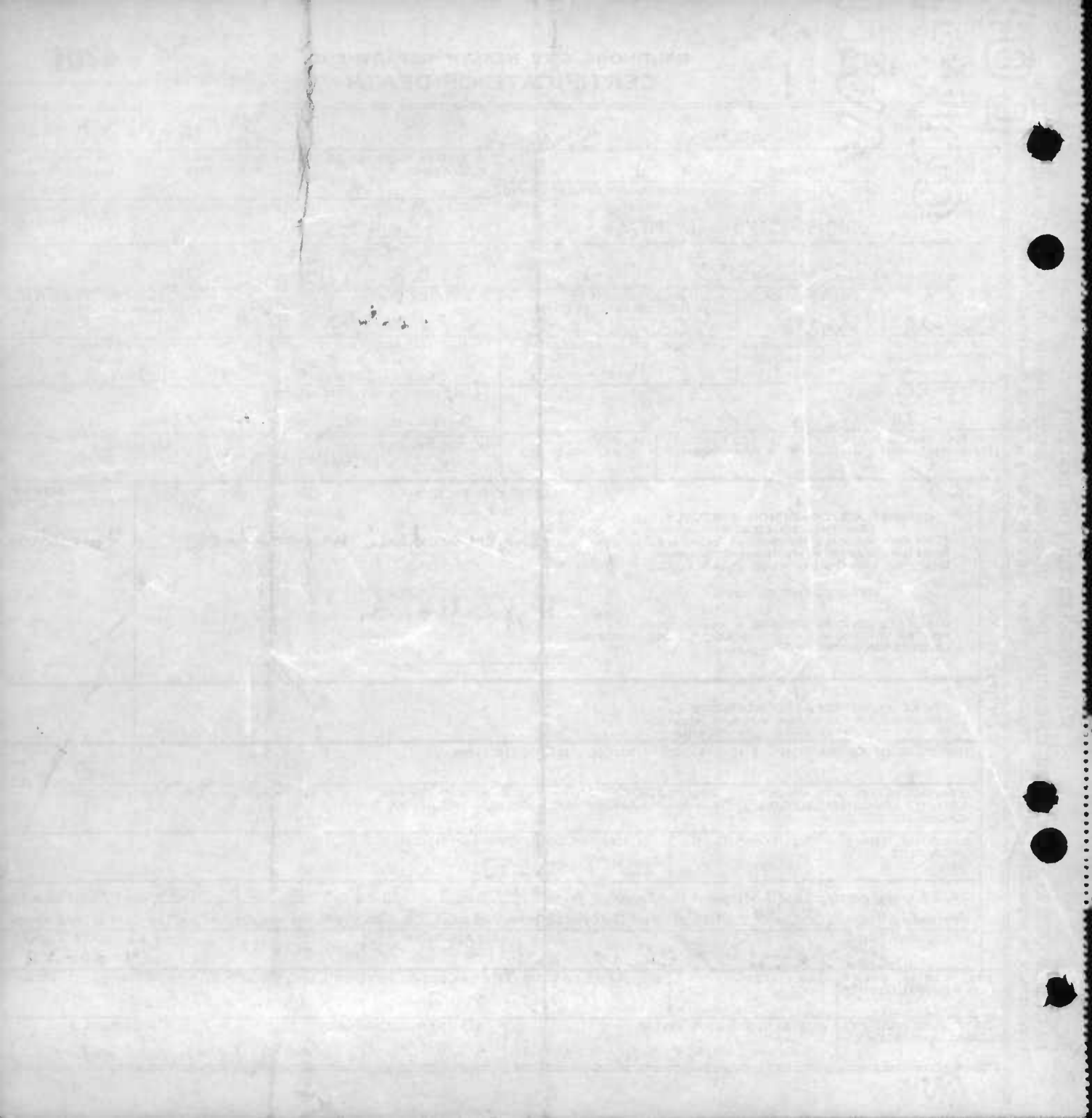
52 4201
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Carrie Bruce</i>			2. DATE OF DEATH <i>April 30, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osle 3</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>					
C. Length of stay in Baltimore <i>27 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1108 N. Bond St.</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-12-02</i>		9. AGE (In years last birthday) <i>49</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>			11. BIRTH PLACE (State or foreign country) <i>Smithfield Va</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Otto Louis Ward</i>			14. MOTHER'S MAIDEN NAME <i>Sumner Boyd</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>36 hours</i>
DUE TO		
ANTECEDENT CAUSES (B) <i>Hypertension</i>		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>4-29</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-29</i> , 19 <i>52</i> , to <i>4-30</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-30</i> , 19 <i>52</i> , and that death occurred at <i>5:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Leighton E. Clay</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-30-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>5/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Brooklyn m</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn m</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>1100 Beauty m</i>	

DATE RECEIVED BY LOCAL REGISTRAR
MAY 2 - 1952
VS 150



52 4202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4202

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John P. Thornton

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

10 E. Hill St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22-01

D. STREET ADDRESS (If rural, give location)

10 E. Hill St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 12, 1872

9. AGE (In years last birthday)

80 yrs.

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police Officer

10B. KIND OF BUSINESS OR INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick Thornton

14. MOTHER'S MAIDEN NAME

Anna Finnegan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Thomas Thornton-son-10 E. Hill St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Myocardial Insufficiency*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized arteriosclerosis*

DUE TO

(C) *Terminal pneumonia*

4 weeks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 22, 1952, to 4/29, 1952, that I last saw the deceased alive on 4/29, 1952, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

107 E. West St.

5/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

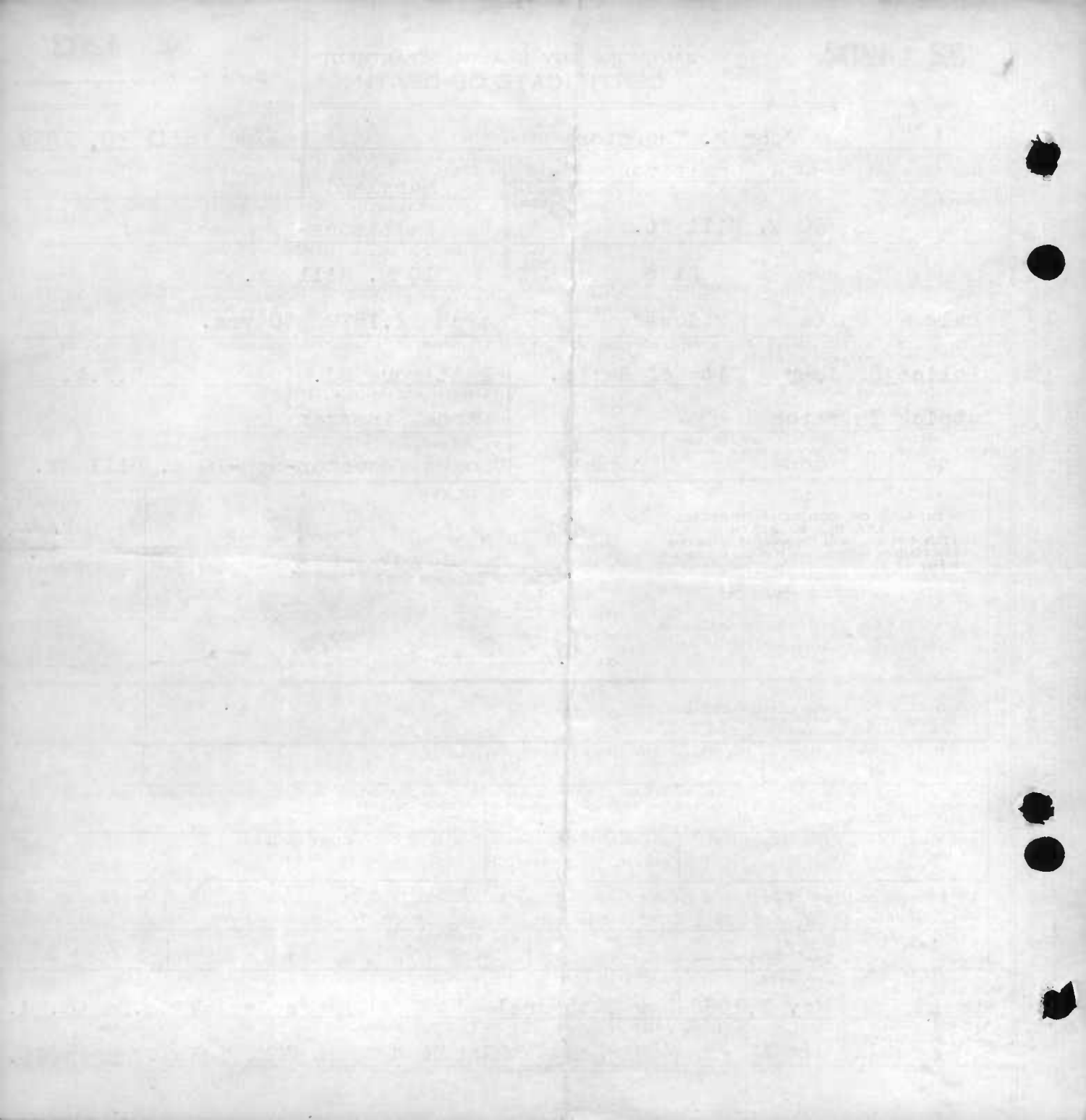
25. FUNERAL DIRECTOR

ADDRESS

MAY 2 - 1952

Huntington Williams, M.D.

KRAUSE FUNERAL HOME 1216 S. Charles St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Dancy

2. DATE
OF
DEATH

4-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balti. City*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1802 Hennman Avenue-13

C. Length of stay in Baltimore

26 yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 7, 1908

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR
INDUSTRY

Dr. General

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles ?

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Left cerebral infarct. Broncho-
pneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Hypertensive arteriosclerotic
cardiovascular diseaseIns+an+aneo
us

(C)

C.P.C. Liver

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1952, to 4-29, 1952, that I last saw the
deceased alive on 4-29, 1952, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J.S. Rogers

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

4-30-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. O. Wilson 1000 Brantley

ADDRESS

1000 Brantley

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

W. J. B. 10

EXHIBIT NO. 10

10-10-10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES F. F. W. LAMM

2. DATE
OF
DEATH

APRIL 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MD

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

348 E. 25TH ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO

12-03

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

348 E. 25TH ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 16, 1864

9. AGE (In years
last birthday)

87

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TRAINMAN

10B. KIND OF BUSINESS OR
INDUSTRY

PA. R. R.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HENRY LAMM

14. MOTHER'S MAIDEN NAME

LOUISE LAMAR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS. MARY LAMM

ADDRESS

ABOVE

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intermittent Cardiac
Rural Disease.

?

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 28, 1952, to April 30, 1952, that I last saw the
deceased alive on April 29, 1952, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum

M. D.

23B. ADDRESS

1114 N. Calver St.

23C. DATE SIGNED

5/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-3-1952

24C. NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE

24D. LOCATION (City, town, or county)

ELKRIDGE

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co. 4905 YORK RD

ADDRESS

DR. J.S. BLUM
1115 N. CALVERT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4204
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES CHESTER MAYS

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3210 Westerwald Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3210 Westerwald Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 29, 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Metal Refinery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Mays

14. MOTHER'S MAIDEN NAME

Fannie James

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-10-1976

17. INFORMANT

ADDRESS

Mrs. Maud Mays - 3210 Westerwald Ave.

18. 442x

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Nephros-Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Paget's Disease (of bones)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized Arteriosclerosis 10 yrs.
Uremia
Chronic Myocarditis 2 weeks
4 yrs.INTERVAL BETWEEN
ONSET AND DEATH

5 YRS.

15 YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1948, to May 1, 1952, that I last saw the
deceased alive on May 1, 1952, and that death occurred at 11:10A m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount av.

23C. DATE SIGNED

May 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Vernon Cem.

24D. LOCATION (City, town, or county)

Whitehall, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thos. J. Dickner & Sons

ADDRESS

Baltimore 17, Md.

VS 150

510 3C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1051 92

DEPARTMENT OF HEALTH
BUREAU OF HEALTH
OFFICE OF HEALTH

MSA 52

SECTION

CLERK

DATE

OK
1051 92
MSA 52
SECTION
CLERK
DATE

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4205		BALTIMORE CITY HEALTH DEPARTMENT		52 4205	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		JAMES STRADLEY		2. DATE OF DEATH April 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore 11-01	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		713 Penn. ave.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 12/5/51	9. AGE (In years last birthday) 4	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Halifax Va.	
13. FATHER'S NAME James Spradley		14. MOTHER'S M maiden name Ada King		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 422.2		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Interstitial myocarditis			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 30, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5/3/52		24C. NAME OF CEMETERY OR CREMATORY Mt. AUBURN	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR A. Halstead		ADDRESS 918 Dryden Hill ave.	

2002

15

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1911

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of informant

10. Signature of witness

11. Signature of coroner

12. Signature of jury

13. Signature of judge

14. Signature of clerk

15. Signature of sheriff

16. Signature of constable

17. Signature of justice

18. Signature of magistrate

19. Signature of coroner

20. Signature of jury

21. Signature of judge

22. Signature of clerk

23. Signature of sheriff

24. Signature of constable

25. Signature of justice

26. Signature of magistrate

27. Signature of coroner

28. Signature of jury

29. Signature of judge

30. Signature of clerk

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of informant

10. Signature of witness

11. Signature of coroner

12. Signature of jury

13. Signature of judge

14. Signature of clerk

15. Signature of sheriff

16. Signature of constable

17. Signature of justice

18. Signature of magistrate

19. Signature of coroner

20. Signature of jury

21. Signature of judge

22. Signature of clerk

23. Signature of sheriff

24. Signature of constable

25. Signature of justice

26. Signature of magistrate

27. Signature of coroner

28. Signature of jury

29. Signature of judge

30. Signature of clerk

1911

1911

52 4206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4206

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Chandler

2. DATE
OF
DEATH

5-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

573 Oxford Street

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

573 Oxford St.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md

D. STREET ADDRESS (If rural, give location)

17-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

7-30-20

9. AGE (In years;
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Writer

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Princeton, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Chandler

14. MOTHER'S MAIDEN NAME

Lolly Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ralph Hawkins, 710 N. Fulton Ave.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

is

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 15, 1952, to April 19, 1952, that I last saw the deceased alive on April 15, 1952, and that death occurred at 3-6 a.m., from causes and on the date stated above.

23A. SIGNATURE

J. P. Johnson

23B. ADDRESS

403 M. D.

23C. DATE SIGNED

5-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Wash., D.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles K. Law, 802 Mad. Ave.

ADDRESS

MAY 2-1952



52 4207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4207

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sedonia Holmes

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

817 N. Stricker St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

16-02

D. STREET ADDRESS (If rural, give location)

817 N. Stricker St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Jan. 13, 1891

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

William Henry Askin

14. MOTHER'S MAIDEN NAME

Annie T. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Alverta Henson 817 N. Stricker St.

18. 442x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cardio Vascular Renal

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.Disease - Hypertension -
Hemiplegia - Uremic Coma

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950 to May, 1952, that I last saw the
deceased alive on April 30, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 2 - 1952

Huntington Williams, M.D.

Geo. G. Nelson 1303 Presstman St.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Manner of death

8. Signature of physician

9. Signature of registrar

10. Signature of informant

11. Signature of witness

12. Signature of funeral director

13. Signature of undertaker

14. Signature of cemetery

15. Signature of burial

16. Signature of interment

17. Signature of cremation

18. Signature of disposition

19. Signature of final disposition

20. Signature of final disposition

21. Signature of final disposition

22. Signature of final disposition

23. Signature of final disposition

24. Signature of final disposition

25. Signature of final disposition

26. Signature of final disposition

27. Signature of final disposition

28. Signature of final disposition

29. Signature of final disposition

30. Signature of final disposition

31. Signature of final disposition

32. Signature of final disposition

33. Signature of final disposition

34. Signature of final disposition

35. Signature of final disposition

36. Signature of final disposition

37. Signature of final disposition

38. Signature of final disposition

39. Signature of final disposition

40. Signature of final disposition

41. Signature of final disposition

42. Signature of final disposition

43. Signature of final disposition

44. Signature of final disposition

52 4208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4208

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

PAGE

2. DATE
OF
DEATH April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1210 Smithson Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

B. DATE OF BIRTH

1896

9. AGE (in years
last birthday)

55

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Rebecca Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Geraldine Wade 1621 Booker Ct.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

May 1, 1952

24X. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Geo. G. Keldor 1303 Preston St.

ADDRESS

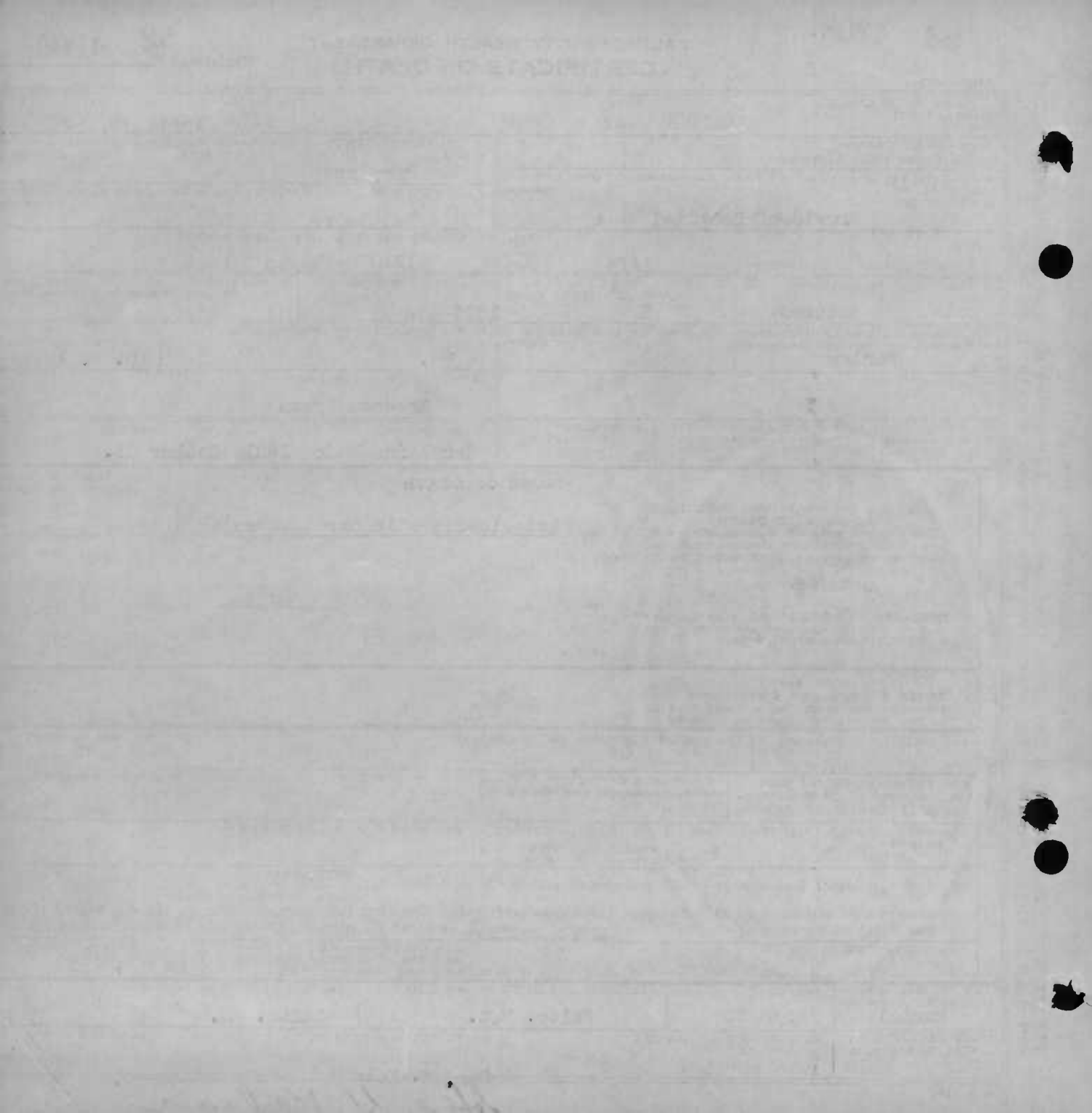
VS 151

780 99

Hes. H. 150 loan

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4209

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4209
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD EMMANUEL CHAMBLISS			2. DATE OF DEATH April 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 822 N. Carey Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/26/1879	9. AGE (in years last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.
13. FATHER'S NAME Geo. Chambliss			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Ida Mary Chambliss			ADDRESS 922 N. Gilnor St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterioasclerotic cardiovascular disease DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley K. Doulack</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED May 1, 1952		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/5/52	24C. NAME OF CEMETERY OR CREMATORY Arbutus	24D. LOCATION (City, town, or county) (State) Arbutus, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 2-1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS Geo. G. Nelson 1303 Presstman St. <i>Geo. G. Nelson</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 52 4210	
BIRTH NO. 52 4210				1. NAME OF DECEASED (Type or Print) LOUIS MAX	
2. DATE OF DEATH 5-1-52					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2913 Rockrose Ave				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
D. STREET ADDRESS (If rural, give location) 2913 Rockrose Ave				E. Yrs. Mos. Days	
c. Length of stay in Baltimore Life					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (in years last birthday) 64	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager			10B. KIND OF BUSINESS OR INDUSTRY Shoe Store		
11. BIRTHPLACE (State or foreign country) Baltimore Md			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph			14. MOTHER'S MAIDEN NAME Jennie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Bessie Max -			ADDRESS same		
18. 162X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
(A) Brachyurus Carcinoma of Lung				INTERVAL BETWEEN ONSET AND DEATH 1951	
DUE TO					
(B) Cerebral hemorrhage				1952	
DUE TO					
(C) Possible Metastasis to Brain					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1951 to May 1, 1952 , that I last saw the deceased alive on May 1, 1952 and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles C. ...			23B. ADDRESS 214-5 W Baltimore St		23C. DATE SIGNED 5/1/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-4-52		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) Balto		(State) Md			
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Cutaw Rd	

Cable
2145-11/10/56
202456
1 PM

MARGIN RESERVED FOR BINDING

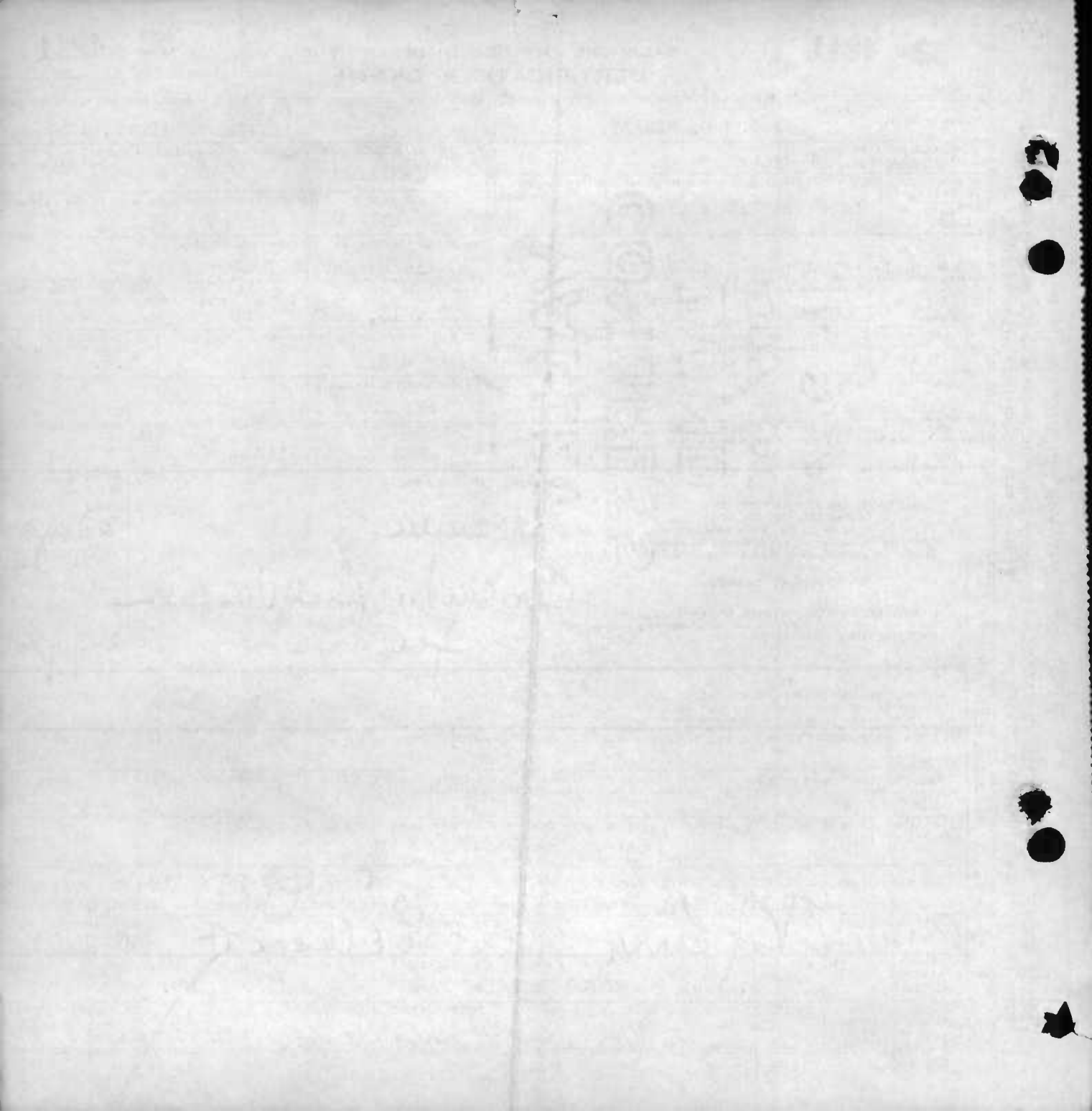
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4211
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AARON B. WESLEY		2. DATE OF DEATH APRIL 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1438 BELVEDERE STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-05	
c. Length of stay in Baltimore 65 YEARS		D. STREET ADDRESS (If rural, give location) 1438 BELVEDERE STREET	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 10, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Self	9. AGE (In years last birthday) 65 H Under 1 Year Months Days H Under 24 Hours Hours Min.
13. FATHER'S NAME JOHN WESLEY		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. UNKNOWN		14. MOTHER'S MAIDEN NAME REBECCA HARDING	
17. INFORMANT ROSA WESLEY		ADDRESS 1438 BELVEDERE STREET	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Chr. card. - Renal Vascular DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. fire OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II			INTERVAL BETWEEN ONSET AND DEATH 3 days 2-3 yrs.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 195 , to Apr. 29, 1952 , that I last saw the deceased alive on Apr. 29, 1952 , and that death occurred at 7 A m., from the causes and on the date stated above.			
23A. SIGNATURE Wm. LeRoy Perry		23B. ADDRESS 1420 E. Chase St	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 3, 1952	
24C. NAME OF CEMETERY OR CREMATORY ARBUSUTS MEMORIAL PARK		24D. LOCATION (City, town, or county) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR McLayner Sanders		ADDRESS 217 E. PRESTON ST.	



52 4212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4212
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHANIEL

BELL

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONJohns Hopkins HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore5-01

D. STREET ADDRESS (If rural, give location)

1320 Orleans Street

c. Length of stay in Baltimore

7 Yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June-19-19199. AGE (In years
last birthday)32If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Laborer10B. KIND OF BUSINESS OR
INDUSTRYPotts & Calanan

11. BIRTHPLACE (State or foreign country)

Florence S.C.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

March Bell

14. MOTHER'S MAIDEN NAME

Fannie Scott15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Early Bell 1049 Hardford Ave18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Scott23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 2, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5/4/52

24C. NAME OF CEMETERY OR CREMATORY

Union Grove Cem.

24D. LOCATION (City, town, or county)

Florence S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Thos. O. Wilson, 1100 Brantly Ave

VS 151

97099

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Doris V. Pickford Or Dorith V. Fussell			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1335 N. Carey Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov.-5-1927	9. AGE (In years last birthday) 24	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME McKenon Pickford			14. MOTHER'S MAIDEN NAME Alverta Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Alverta Jansson 400 E. Eshmead St		

18. **E 970.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH _____

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Barbiturate toxicity**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1335 N. Carey Street **15-1**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 29, 1952

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Ingested overdose of barbiturate

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
April 30, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
5/5/52

24C. NAME OF CEMETERY OR CREMATORY
Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)
Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 2 - 1952

REGISTRAR'S SIGNATURE
Wilmington Williams

25. FUNERAL DIRECTOR ADDRESS
Chas. O. Wilson 1000 Brantly Ave

V S 151

N 971.0

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BEFORE

1910

JOHN J. [REDACTED]

Name of deceased		John J. [REDACTED]	
Sex		Male	
Age		[REDACTED]	
Date of birth		[REDACTED]	
Place of birth		[REDACTED]	
Usual residence		[REDACTED]	
Cause of death		[REDACTED]	
Time of death		[REDACTED]	
Place of death		[REDACTED]	
Occupation		[REDACTED]	
Signature of physician		[REDACTED]	
Signature of registrar		[REDACTED]	
Signature of informant		[REDACTED]	

B-400

52 4214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4214

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Belle Beal

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3609 Fairfield Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-06

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3609 Fairfield Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 18, 1916

9. AGE (In years
last birthday)

35

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Ligonier, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Norman L. Shaffer

14. MOTHER'S MAIDEN NAME

Rena Roadman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George H. Beal, 3609 Fairfield Avenue

18. 190X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Melanotic sarcoma of metastases

2 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1952, to May 2, 1952, that I last saw the
deceased alive on April 30, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Ludwig R. Miller

M. D.

23B. ADDRESS

4700 Pennington Ave.

23C. DATE SIGNED

5/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Ligonier Valley Cemetery

24D. LOCATION (City, town, or county)

Ligonier, Pennsylvania

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620

CERTIFICATE CORRECTED 6-12-52

52 4216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4216

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Myers

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1817 Odell Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-34

D. STREET ADDRESS (If rural, give location)

1817 Odell Ave.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 7, 1899 1869

9. AGE (In years
last birthday)

72 82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired caretaker

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Hebrew Cem.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Myers

14. MOTHER'S MAIDEN NAME

Sarah Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Barbara Hoffman Myers, wife, above

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hemiplegia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Hemorrhage

(C)

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from May 29, 1952 to May 1, 1952, that I last saw the
deceased alive on April 29, 1952, and that death occurred at 11:54 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. R. O'Brien

M. D.

23B. ADDRESS

403 Mad Ave. Bk 5.252

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

O'Donnell St., Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

93074

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

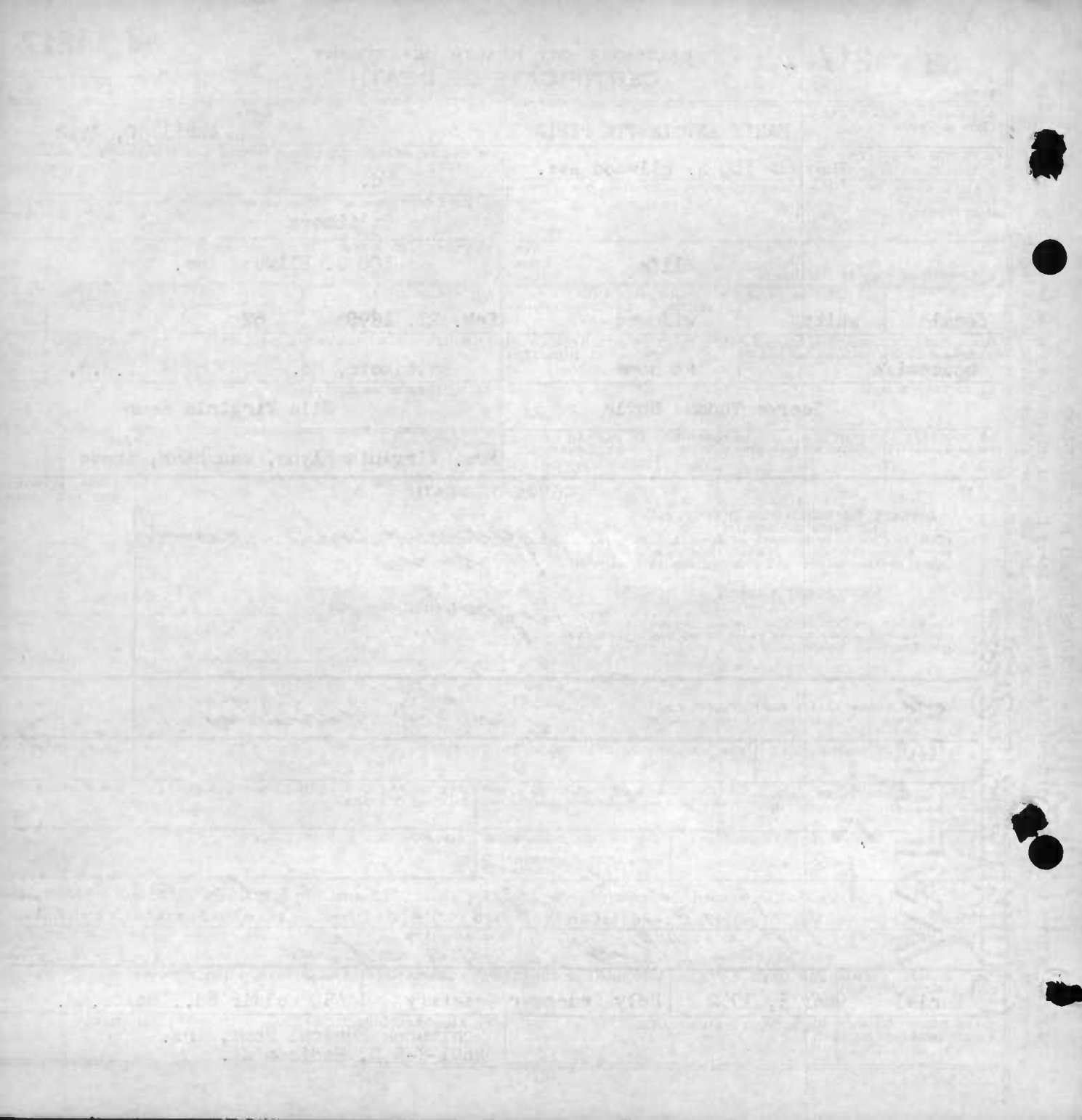
80-140
52 4217
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully and correctly stated. Physicians: please write the causes of death clearly and legibly.
correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARIE ANTOINETTE PIPLA			2. DATE OF DEATH April 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 100 S. Ellwood Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-02		
c. Length of stay in Baltimore life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 100 S. Ellwood Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 22, 1890	9. AGE (In years last birthday) 62	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME George Thomas Doyle		
14. MOTHER'S MAIDEN NAME Ella Virginia Kemp			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS Mrs. Virginia Flynn, daughter, above		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertension cardiac vascular disease DUE TO _____ (B) Hypertension DUE TO _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Drabets mellitus					
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 1, 1952 to April 30, 1952 , that I last saw the deceased alive on April 30, 1952 , and that death occurred at 9:24 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE John J. Gould M. O. _____		23B. ADDRESS 14 N East Ave		23C. DATE SIGNED 5-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 3, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Schimmek Funeral Home, Inc. 2601-3-5 E. Madison St.			



52 4218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4218
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

GETNER

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1630 E. Baltimore Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Unknown

9. AGE (In years
last birthday)

67

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jordon E. Conley 2204 Bank St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NO WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 3/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Windsor Mill Rd. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Christie E. Donovan 3818 Roland

VS 151

97093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

OFFICE OF THE
COMMISSIONER OF THE
LAND OFFICE

11

12

13

14

15

16

17

18

19



52 4219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4219
Registered No.BIRTH NO. *Non Rec.*1. NAME OF DECEASED
(Type or Print)*Claude L. Carter Jr.*2. DATE
OF
DEATH*May 1, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*St. L. St 2*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE*Fla.*

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Jacksonville

D. STREET ADDRESS (If rural, give location)

823 Waterman Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

*Feb. 12, 1947*9. AGE (in years
last birthday)*5 yrs*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Florida*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Claude Carter Sr.

14. MOTHER'S MAIDEN NAME

*Mary Kate Burroughs*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *192x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Glioma of Optic
Chiasm**6 mo.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-30-52

19B. MAJOR FINDINGS OF OPERATION

Glioma of Optic Chiasm

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-21*, 19*52* to *5-1*, 19*52*, that I last saw the
deceased alive on *5-1*, 19*52*, and that death occurred at *10:50 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Keith F. Bowens

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*5-2-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Removal*

24B. DATE

5-2-52

24C. NAME OF CEMETERY OR CREMATORY

Hardagey Sons Funeral Home

24D. LOCATION (City, town, or county) (State)

*Jacksonville, Florida*DATE RECEIVED BY
LOCAL REGISTRAR*MAY 2 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Earl B Wolverton Funeral Home Inc.

ADDRESS

*403-E-25th Street
Baltimore-18-MARYLAND.*

No. *1234* of *1919* is the name of the deceased *John Doe*

born *Jan 1 1880* at *New York City*

residing at *123 Main St New York City*

deceased on *Dec 31 1919* at *New York City*

at the age of *40* years

cause of death *Heart Disease*

signed by *John Doe* M.D.

at *New York City* on *Dec 31 1919*

Witness my hand and seal this *31st* day of *Dec* 1919

Registrar of Deaths

at *New York City*

Witness my hand and seal this *31st* day of *Dec* 1919

Registrar of Deaths

at *New York City*

3

52 4220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION

6. CITY OR TOWN

7. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

19. DATE OF OPERATION

20. AUTOPSY?

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

22. I hereby certify that I attended the deceased from 4/28, 1952, to 4/30, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

23. SIGNATURE

24. BURIAL, CREMATION, REMOVAL (Specify)

25. DATE RECEIVED BY LOCAL REGISTRAR

26. FUNERAL DIRECTOR ADDRESS

52 4220

Joseph M. Reed

April 30/52

5 S. Beechfield Ave.

Baltimore

28-04

5 S. Beechfield Ave.

Aug. 15, 1907

44

Maintenance Dept.

Balto. Md.

Horace M. Reed

Mary C. Breivogel

216 07 2445

Mrs. Eleanor Reed, 5 S. Beechfield A

420.1

Coronary Thrombosis

19

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1952, to 4/30, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. DATE RECEIVED BY LOCAL REGISTRAR

26. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

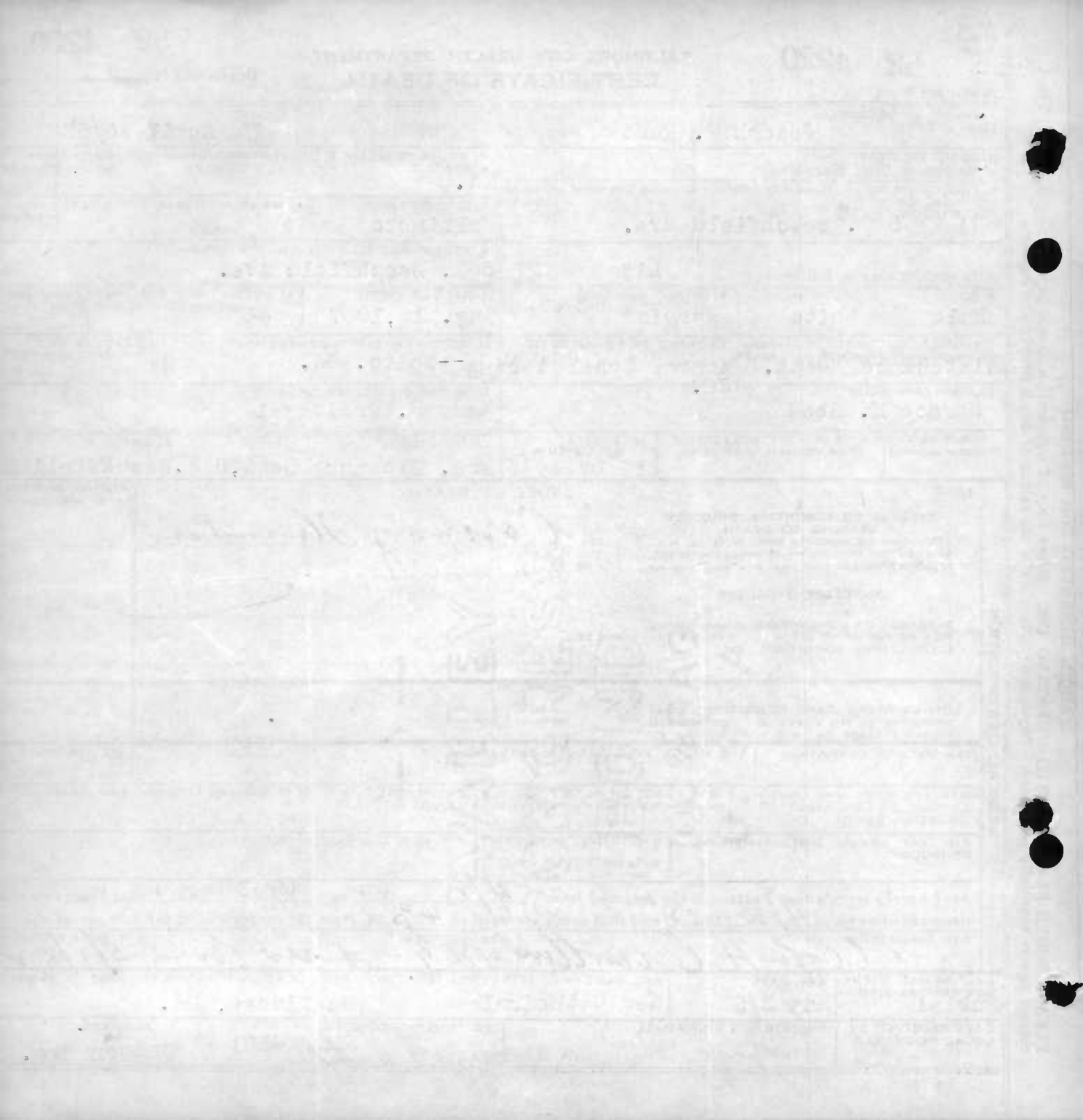
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

DATE RECEIVED BY LOCAL REGISTRAR

52 4220

69082



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDNA S. BOWEN

2. DATE
OF
DEATH

APR: 30:1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. AGNES HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

2736 KINSEY AVE.

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG:11:1886

9. AGE (In years last birthday)

65

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

RICHARD H. SUMMERS

14. MOTHER'S MAIDEN NAME

ANNA M. PANGLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

DORA SUMMERS..

ADDRESS

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

**Hypertension
Arterial Sclerosis**

1950

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/12**, 19**52**, to **4/12**, 19**52**, that I last saw the deceased alive on **4/12**, 19**52**, and that death occurred at **6:12 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Charles A. Egan

23B. ADDRESS

2145 N. Baltimore St

23C. DATE SIGNED

5/2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 3:1952

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY BALTIMORE MARYLAND

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

F. B. Wippert & Son

VS 150

F. B. WIPPERT & SON 1300 EUTAW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

RECEIVED BY THE
OFFICE OF THE
SHERIFF

1911

1911

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4222 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSS G. McAFEE

2. DATE
OF
DEATH

MAY 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

24 N. MONASTERY AVE.

C. Length of stay in Baltimore

64 YRS.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

24 N. MONASTERY AVE.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 30, 1885

9. AGE (In years last birthday)

66

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Plumbing

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES McAFEE

14. MOTHER'S MAIDEN NAME

FANNIE B. HAYNES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

World War I

16. SOCIAL SECURITY NO.

212-16-6304

17. INFORMANT

ADDRESS

ELIZABETH McAFEE 24 N. MONASTERY AVE.

18. 42011

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Infarct

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cardiovascular Disease

6 mos

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chr Infections Arthritis

15 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 15, 1949 to May 1, 1952 that I last saw the deceased alive on May 1, 1952, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23. SIGNATURE

James H. Katzenberger

23B. ADDRESS

721 Medical Arts Bldg

23C. DATE SIGNED

5/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-5-52

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NATIONAL

24D. LOCATION (City, town, or county) (State)

BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 3 - 1952

Huntington Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave

W. H. H. H.

W. H. H. H.
H. H. H. H.
H. H. H. H.
H. H. H. H.
H. H. H. H.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4223

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (o. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4-29-1952 to 8-2-1952 that I last saw the
deceased alive on 5-2-1952 and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

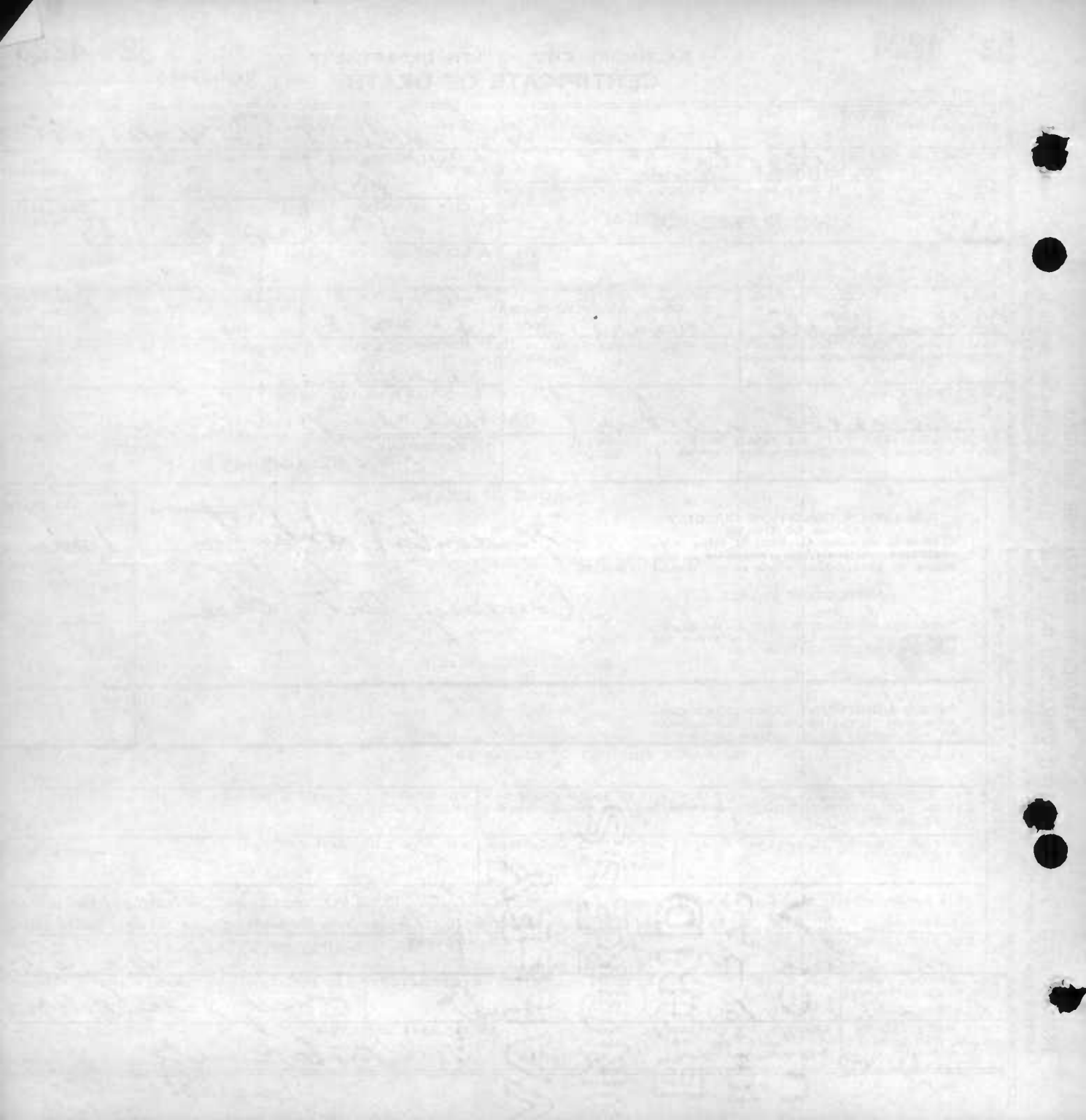
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

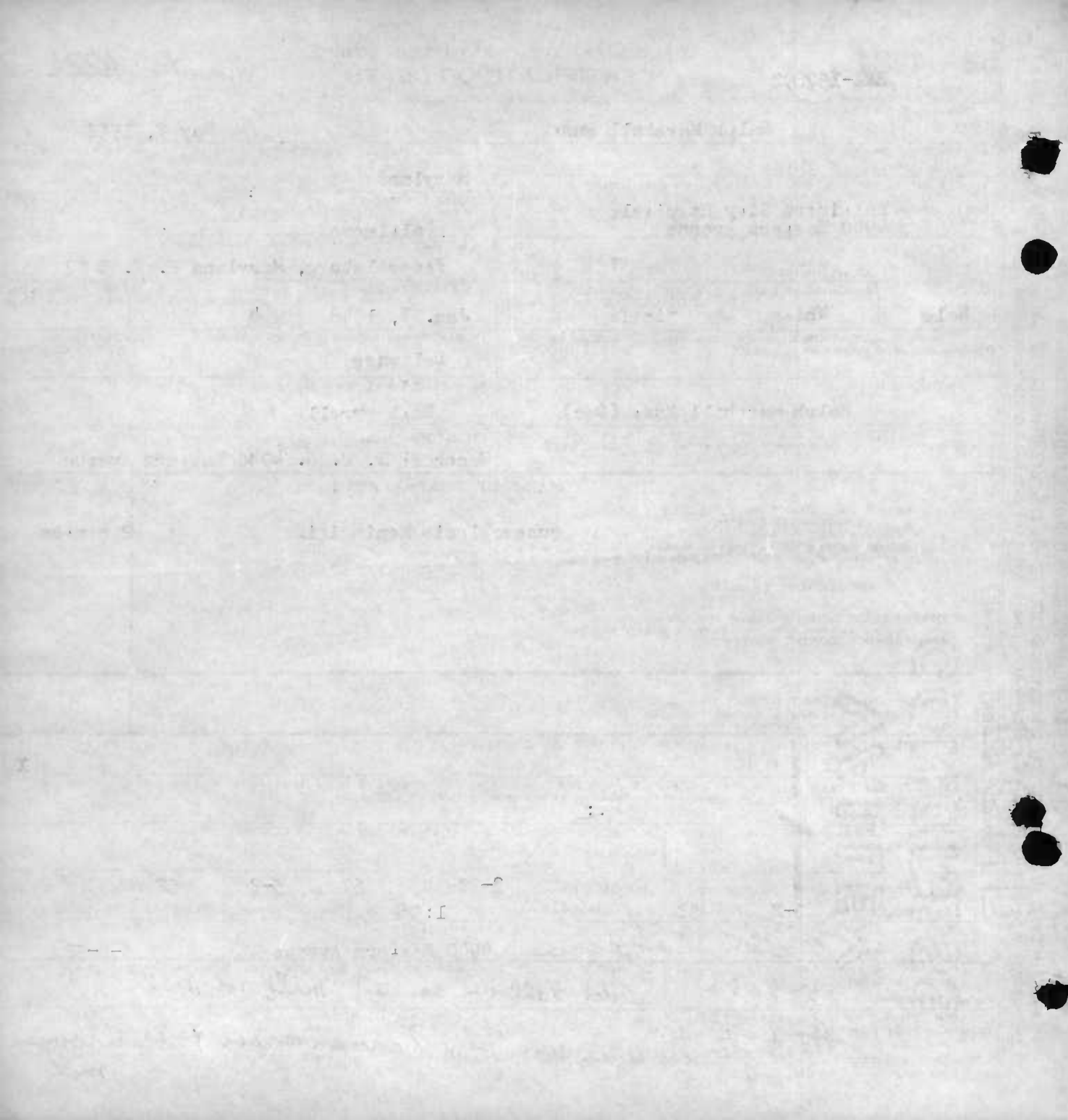
ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4224

BIRTH NO. REA-157822		2. DATE OF DEATH May 2, 1952	
1. NAME OF DECEASED (Type or Print) Ralph Marshall Rust			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY Baroline	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5500	
c. Length of stay in Baltimore 7 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Federalsburg, Maryland R. T. 7#2	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 3, 1948
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Delaware	9. AGE (In years last birthday) 4
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ralph Marshall Rust (Dec)		14. MOTHER'S MAIDEN NAME Ruth Tyrell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue ✓
18. 010X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) tuberculosis Meningitis DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 months
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-29 , 19 52 , 5-2 , 1952, that I last saw the deceased alive on 5-2 , 1952, and that death occurred at 1:56 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE J. B. Ogden		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 5-2-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-5-52	24C. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24D. LOCATION (City, town, or county) (State) Milford Del
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. J. Frampton Son	ADDRESS Federalsburg Md.



J-520
4225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4225

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROY E. JONES

2. DATE OF DEATH May 2, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-09

1213 N. Caroline Street

D. STREET ADDRESS (If rural, give location)

1213 N. Caroline Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-4-1921

9. AGE (In years last birthday)

30

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR INDUSTRY

St. Martin Co.

11. BIRTHPLACE (State or foreign country)

Pittsylvania, Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Laura Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #2

16. SOCIAL SECURITY NO.

224-14-7637

17. INFORMANT

Laura Jones 513 Cedar St. Danville Va

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Lord

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Shipped

24B. DATE

5-3-1952

24C. NAME OF CEMETERY OR CREMATORY

Oakhill Cemetery

24D. LOCATION (City, town, or county) (State)

Danville, Virginia

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Randolph J. Collick 1412 E. Preston St.

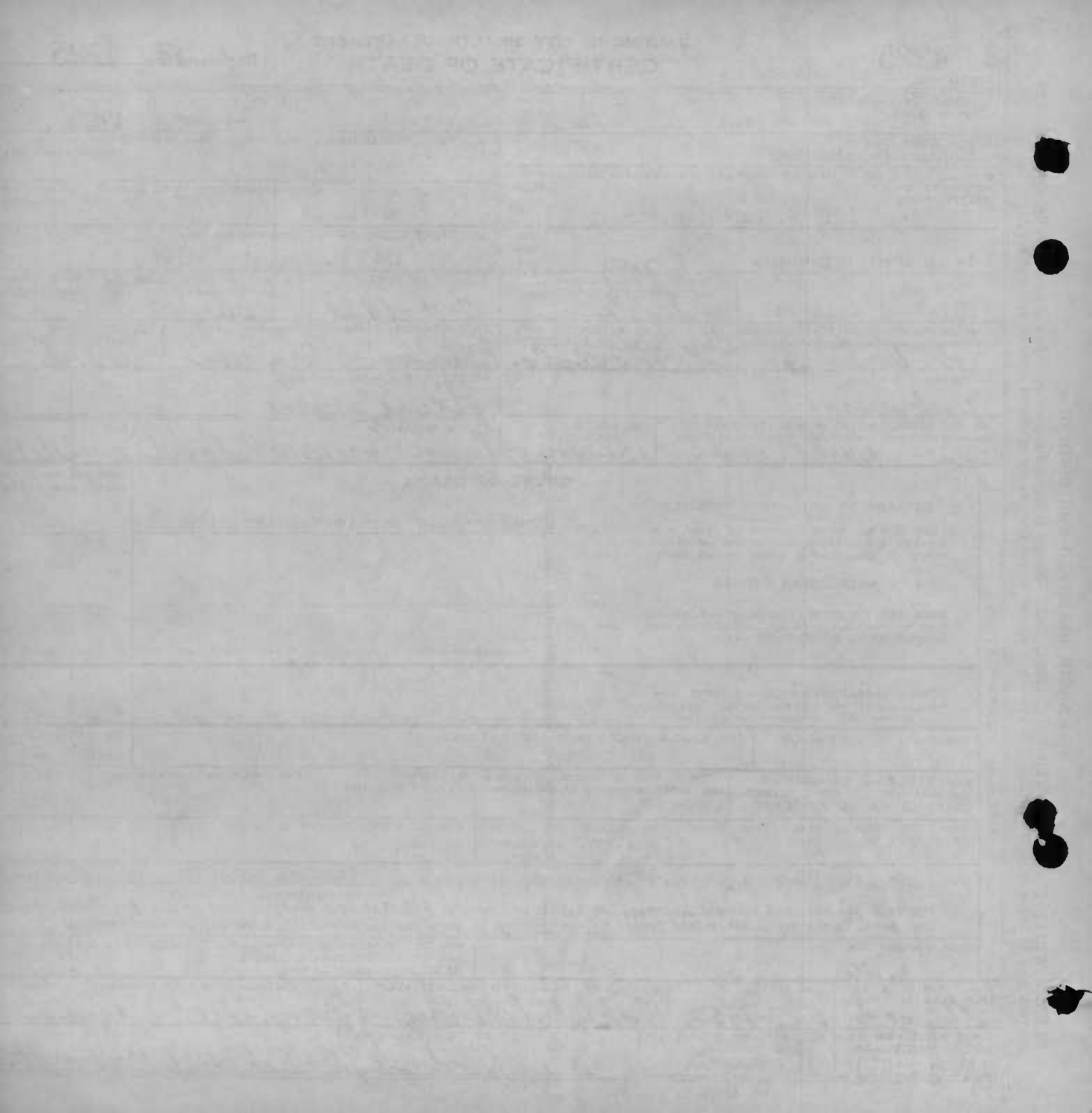
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

6903T



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4226BIRTH NO. 52 42261. NAME OF DECEASED
(Type or Print)

HERMINE EISERT

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Apt. 6

403 Long Island Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

403 Long Island Drive - Apt. 6

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 19, 1863

9. AGE (In years last birthday)

89

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Tetrus

14. MOTHER'S MAIDEN NAME

Louise Logus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS Drive

Mrs. Marie E. Kennedy - 403 Long Island

18.

231X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebro - Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized Arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Epilepsia? Urinary tract infection

weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to May 2, 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James J. Noon

M. D.

23B. ADDRESS

6014 Edmondson Ave Catonsville

23C. DATE SIGNED

5-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. M. J. Tickner & Sons

ADDRESS

Balto 17, Md.

MAY 3 - 1952

VS 150

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 4227
Registered No. _____

BIRTH NO. 4227

1. NAME OF DECEASED (Type or Print) ELMER WILLIAM HERMAN KROEGER			2. DATE OF DEATH May 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Doctors Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 49			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3210 W. Belvedere Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 2, 1890		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Collector		10B. KIND OF BUSINESS OR INDUSTRY Installments	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Joseph C. Kroeger			14. MOTHER'S MAIDEN NAME Annie R. Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or oookooor) no		16. SOCIAL SECURITY NO. 218-28-3385	17. INFORMANT ADDRESS Mrs. Vernon M. Kroeger-3210 W. Belvedere Ave		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Regenerative Cardio-vascular - renal disease with Arteriosclerosis and Hypertension Acute Pulmonary Edema	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 26, 1952 , to May 2, 1952 , that I last saw the deceased alive on May 1, 1952 , and that death occurred at 11 A m., from the causes and on the date stated above.					
23A. SIGNATURE G. D. Inoué		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED May 2, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/5/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Vickers & Sons		ADDRESS 32182 Balto 17, Md.	

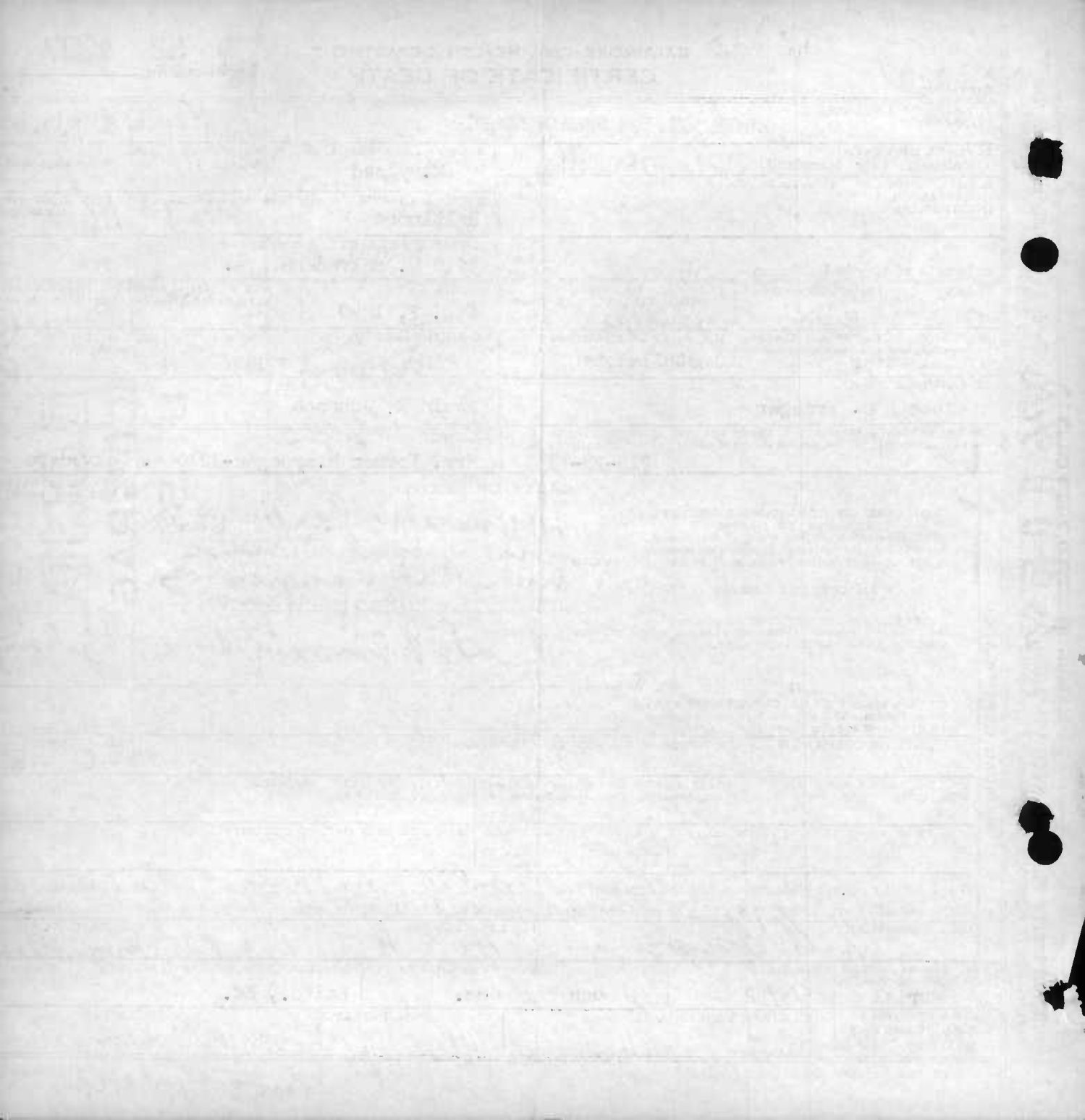
VS 150

32182

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

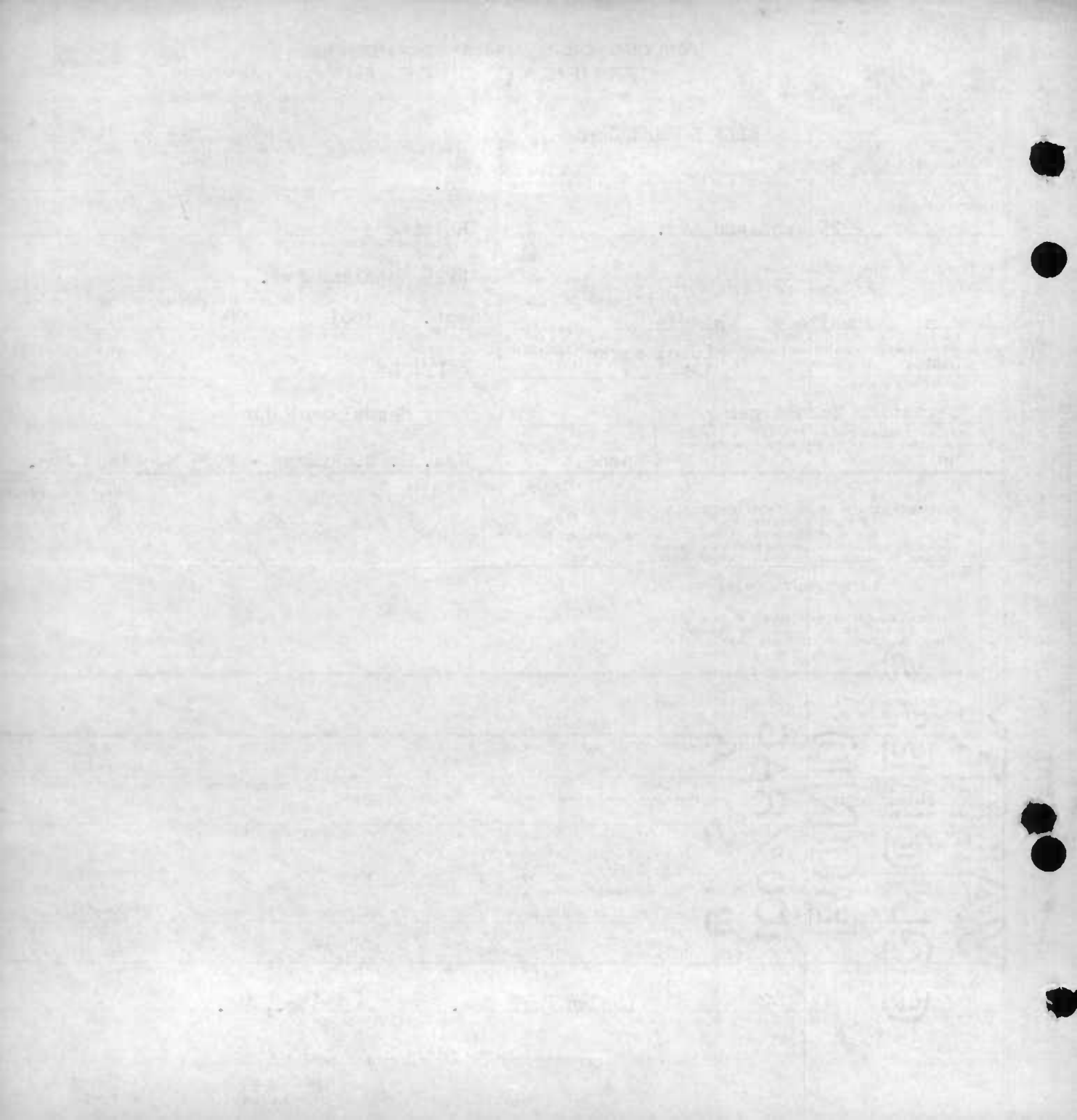


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4228

BIRTH NO. 52 4228

1. NAME OF DECEASED (Type or Print) ELLA HOHNBERGER			2. DATE OF DEATH May 2, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY 27-16		
b. FULL NAME OF HOSPITAL OR INSTITUTION 2925 Woodland Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2925 Woodland Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 5, 1861		9. AGE (in years last birthday) Months: Days 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Pickel market stall	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Christian Hohnberger			14. MOTHER'S MAIDEN NAME Mary Magdalene Hahn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs. H. W. Erdman - 2925 Woodland Ave.		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Leucobac Haemorrhage DUE TO (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH Apr 29/52		
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 29, 1952 , to May 2, 1952 , that I last saw the deceased alive on May 2, 1952 , and that death occurred at 8 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE John D. Beubert		23b. ADDRESS M. O. 4803 Park Heights Ave		23c. DATE SIGNED May 3, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/52		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24d. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS Thos. J. Vickner & Sons Balto 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



PLEASE WRITE IN INK. Every item of information should be fully supplied. The cause of death should be clearly and fully stated. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4229
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Chappel

2. DATE
OF
DEATH

4/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

MD

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

633 N. Fremont Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,

(WIDOWED, DIVORCED (Specify))

Single

8. DATE OF BIRTH

June 10, 1890

9. AGE (In years last birthday)

61

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen

11. BIRTH PLACE (State or foreign country)

Wilmington NC.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Chappell

14. MOTHER'S MAIDEN NAME

Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Katie Brown 633 N. Fremont Ave

ADDRESS

18. 450.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic - senility
Sanguine heart
Genl Arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/24/52

19B. MAJOR FINDINGS OF OPERATION

Arteriosclerotic Sanguine

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/5/52, 19, to 4/30/52, that I last saw the deceased alive on 4/30/52, 19, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. King

23B. ADDRESS

Provident Hosp

23C. DATE SIGNED

5/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Interred

24B. DATE

May 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Wt. Auburn Cem

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1952

REGISTRAR'S SIGNATURE

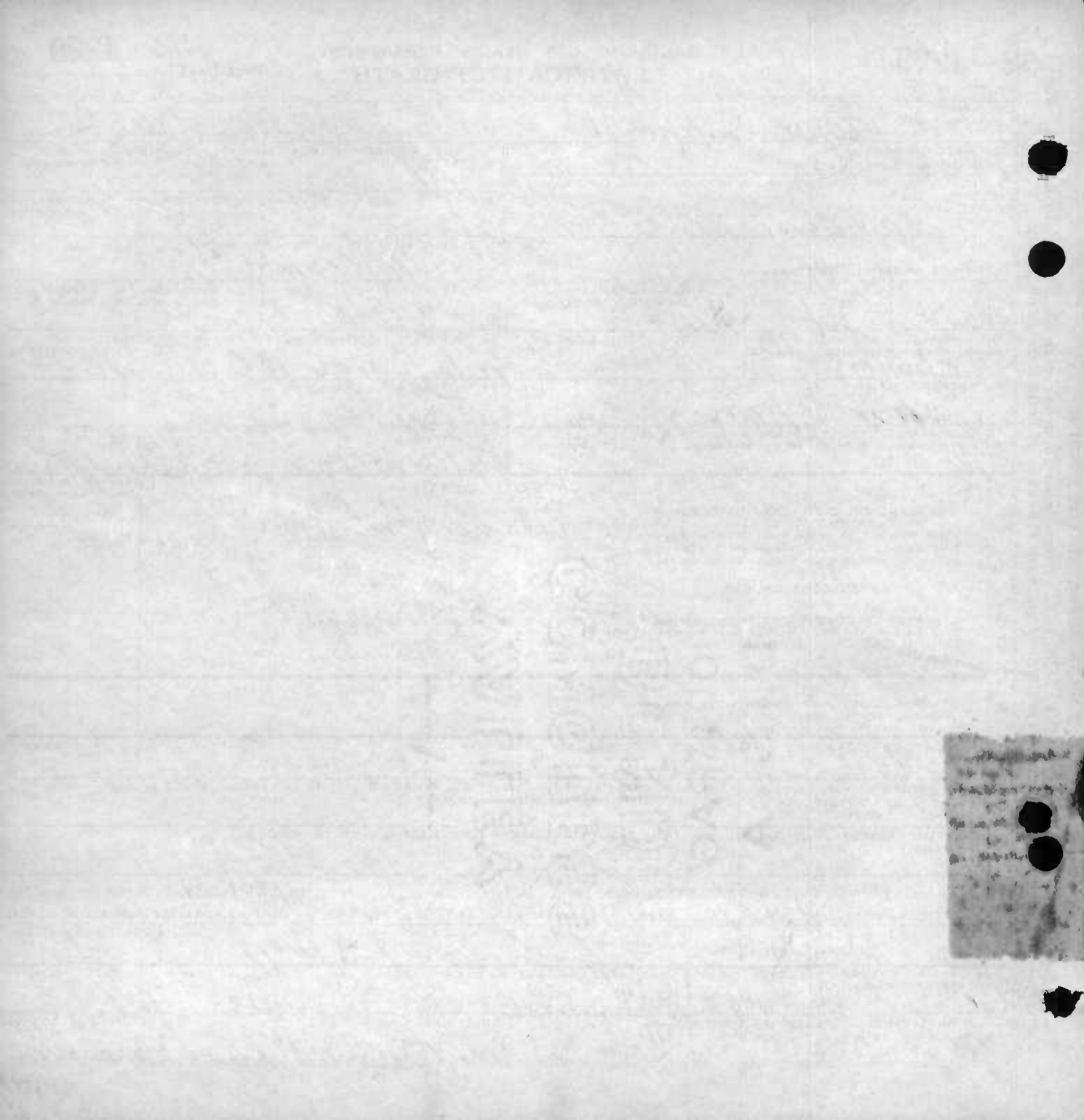
Funtington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams Schroeder

ADDRESS

322 N.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4230

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KAY DONOVAN

2. DATE OF DEATH MAY 3 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-24-1952 to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 12:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



admission control system
 17-11-11
 17-11-11
 17-11-11
 17-11-11

17-11-11

17-11-11

CERTIFICATE CORRECTED

6-9-32

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

4231

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE E. RATHMAN

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2305 St. Paul St.

St. Paul Conv. Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1305 S. Carey Street

c. Length of stay in Baltimore

5. SEX

White

6. COLOR OR RACE

Male

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 16, 1871

9. AGE (In years
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Guard and Timekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Brass & Copper

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Rathman

14. MOTHER'S MAIDEN NAME

Frederica Brinkman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-10-0861

17. INFORMANT

ADDRESS

Mr. George W. Rathman - 2135 Southland Rd.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Skull Fracture

MEX 6X

Subdural Hemorrhage

Contusion of brain

ANTECEDENT CAUSES

(B)

Fracture right femur

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Paca St. and Washington Blvd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURYApril 9, 1952 9:35
a. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by auto (pedestrian)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. L. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. [Signature]

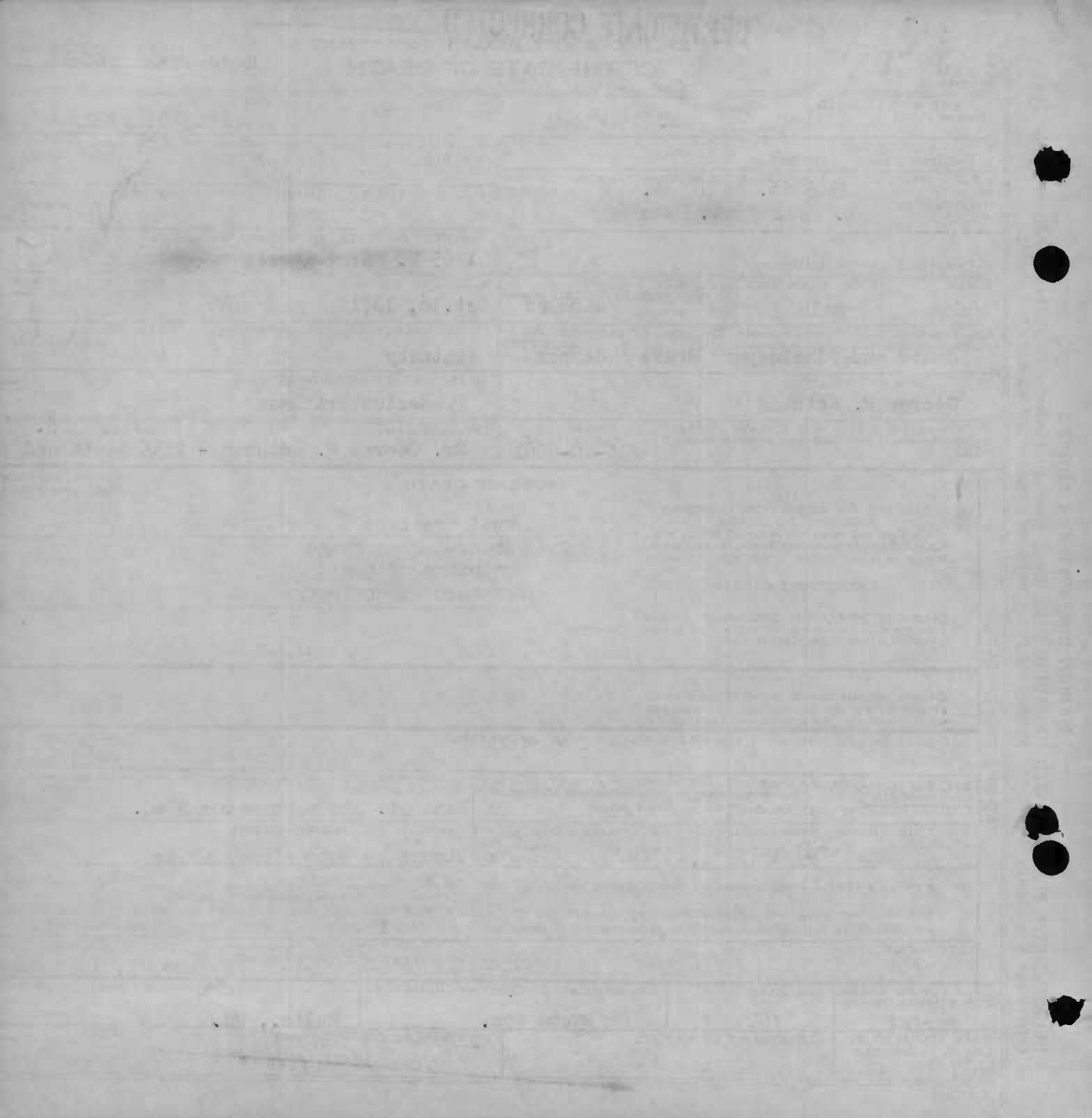
ADDRESS

Balto 17, Md.

VS 151

N 804.2

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-621
52 4232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

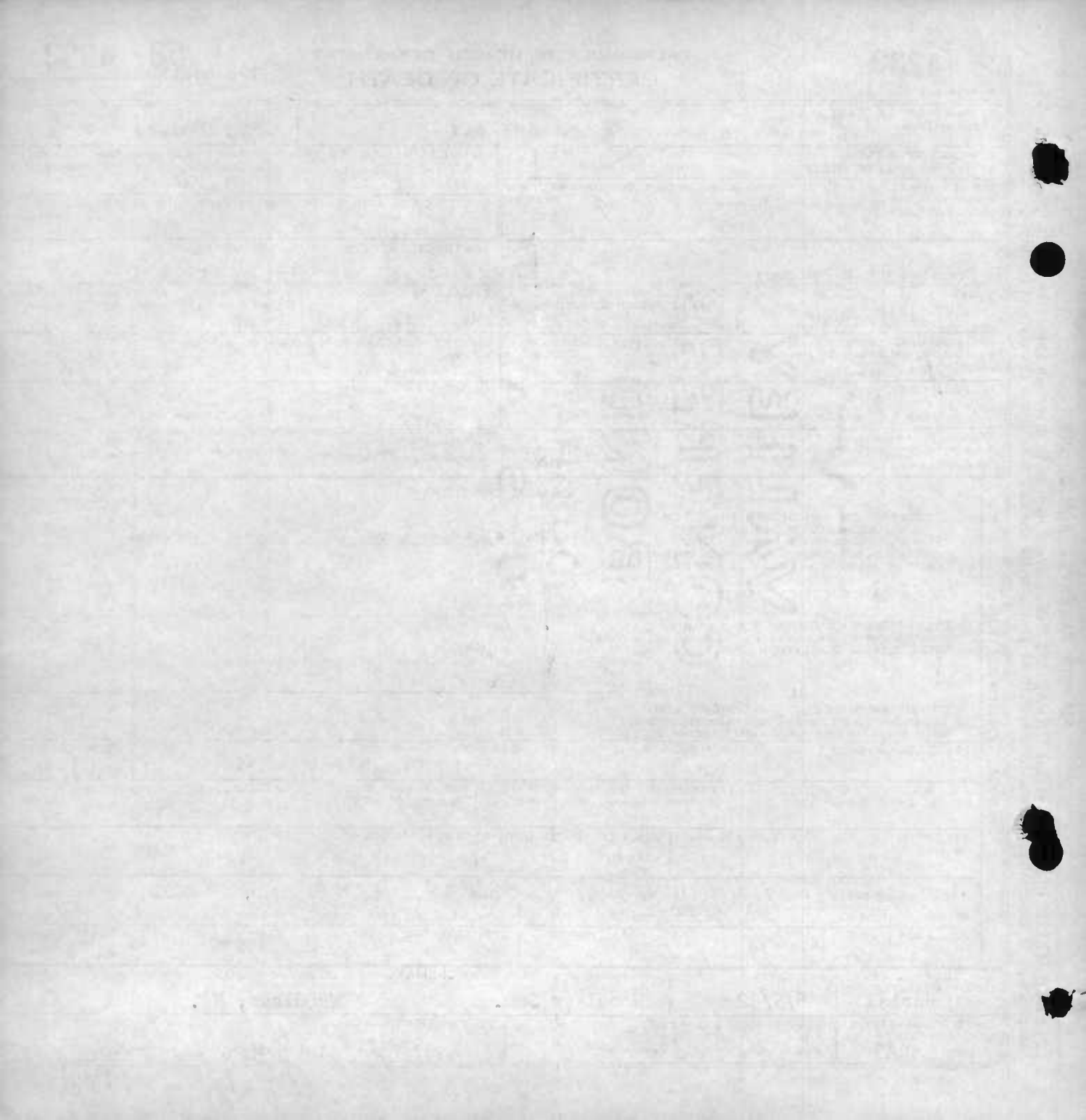
Registered No. 52 4232

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MRS. MARY DIDENHOVER BAVERS FELD	
2. DATE OF DEATH May 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hosp.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson 4	
D. STREET ADDRESS (If rural, give location) 223 S. Bosley Ave. 5300	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH March 25, 1882	
9. AGE (In years last birthday) 70	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles E. Didenhover	
14. MOTHER'S MAIDEN NAME Lydia Anne Page-Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown	
16. SOCIAL SECURITY NO. NO	
17. INFORMANT ADDRESS Union Memorial Hosp. Records.	

18. 420.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Heart Disease		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (s. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 24, 1952 to May 3, 1952 , that I last saw the deceased alive on May 3, 1952 , and that death occurred at 12:25 Am. , from the causes and on the date stated above.				
23A. SIGNATURE Jesse D. Hubbard		23B. ADDRESS Union Memorial Hosp. Balt. Md.		23C. DATE SIGNED May 3, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/5/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24D. LOCATION (City, town, or county) Woodlawn, Md.				

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Wm. J. Lickner & Sons Balto 17, Md.	
------------------------------------------------------	--	--------------------------------------------------------	--	-------------------------------------------------------------------------------	--



CERTIFICATE CORRECTED 5/22/52 BS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4233

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

BAKER

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

127 N. Exeter Street

c. Length of stay in Baltimore

Unknown

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/19/1883

9. AGE (in years
last birthday)

68

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Unskilled

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Wong 127 N. Exeter St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerotic cardiovascular
disease

DUE TO

(over)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒M.D. MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

April 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem. Brooklyn Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Chas. O. Wilson 1111 Brantford

ADDRESS

See Document File 52-4233

Letter from Dr. William V. Livitt, Jr

Asst Medical Examiner

5/22/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 4234

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REV. CONOR MONAGHAN

2. DATE
OF
DEATH

MAY 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. AGNES HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3800 FREDERICK AVE.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

OCT. 5, 1900

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PRIEST

10B. KIND OF BUSINESS OR
INDUSTRY

RELIGIOUS

13. FATHER'S NAME

TIMOTHY

14. MOTHER'S MAIDEN NAME

MARY CREAVEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

REV. RECTOR. 3800 FREDERICK AVE.

1B.

42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHCoronary Heart Disease
Hypertensive A. S. C. V. D.
Left Ventricular HypertrophyII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 5/2, 1952, that I last saw the
deceased alive on 5/2, 1952, and that death occurred at 7:02 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

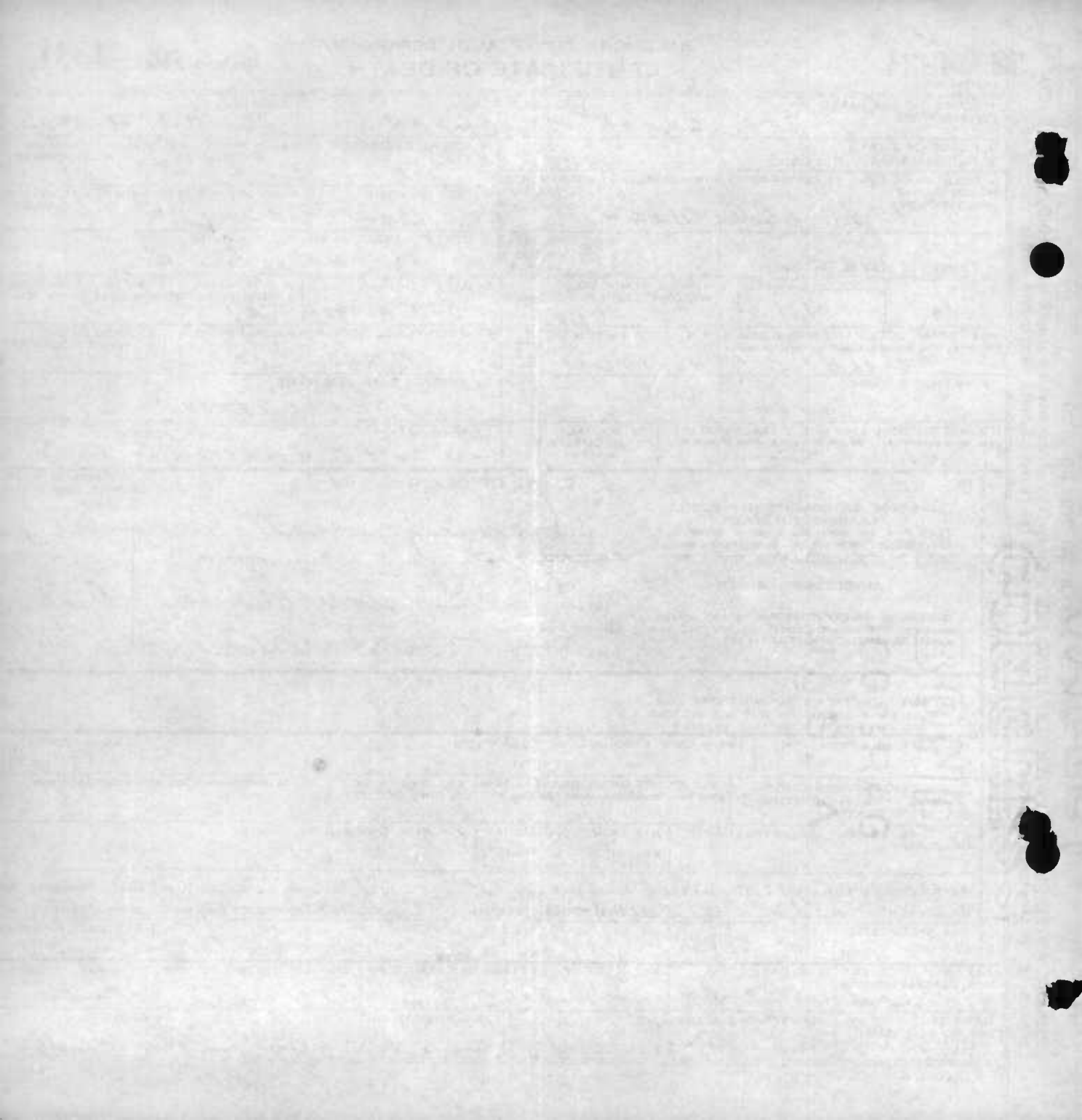
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 3 - 1952

Huntington Williams, M.D. George D. Farley, Fulton & Fayette St.



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 4235

BIRTH NO.

MARGARET B. WISE

1. NAME OF DECEASED
(Type or Print)

Margaret B. Wise

2. DATE
OF
DEATH

5-1-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hos

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-02

d. STREET ADDRESS (If rural, give location)

2138 Pennrose ST

c. Length of stay in Baltimore

5. SEX

#

6. COLOR OR RACE

W

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 18, 1890

9. AGE (In years last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph P. Wise

14. MOTHER'S MAIDEN NAME

Anna Knox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Brook C. Wise 2138 Pennrose Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial infarct

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

7 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/50 to 5/1, 1952, that I last saw the deceased alive on 5/1, 1952 and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE

H. R. R. R.

M. D.

23b. ADDRESS

Mercy

23c. DATE SIGNED

3/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5-5-52

24c. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1952

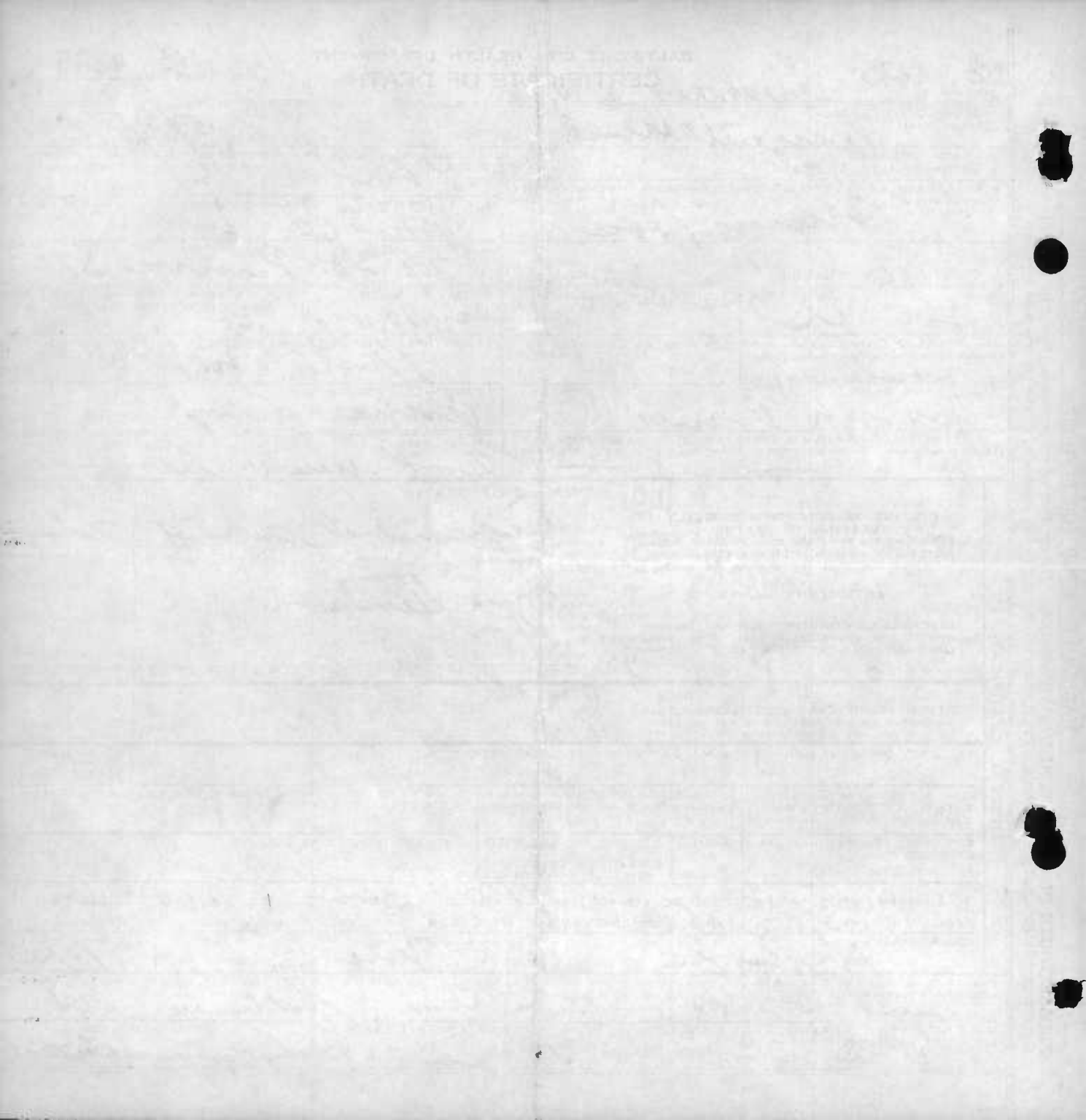
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley, Fulton St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4236360
52 4236
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Rev. Aloysius Luther</u>			2. DATE OF DEATH <u>5-2-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Md</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>2-12-05</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Maryland</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>2612 Wilkens Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 26, 1871</u>		9. AGE (in years last birthday) <u>81</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleric</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>	11. BIRTHPLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT ADDRESS <u>Rev. Cyprian Yehner 2612 Wilkens Ave</u>		

18. <u>572.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia, Uremia, Emasculation</u>			CAUSE OF DEATH (A) <u>post-operation</u> (B) <u>abdominal</u> (C) <u>ad. wound</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Intraabdominal adhesions</u> <u>Diverterculosis colon</u> <u>Common insufficiency</u> <u>Diverterculosis colon</u>			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>April 24, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Abdominal (intra) adhesions Diverterculosis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4/17</u> , 19 <u>52</u> , to <u>5/2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/2</u> , 19 <u>52</u> , and that death occurred at <u>8:55 A.M.</u> , from the causes and on the date stated above.						
23A. SIGNATURE <u>William</u>		23B. ADDRESS <u>St. Agnes Hospital</u>		23C. DATE SIGNED <u>5/2/52</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>5-5-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Vincent's Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Lafayette, Penn.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 3 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>		25. FUNERAL DIRECTOR ADDRESS <u>George A. Farley Fulton Ave. Fayette St.</u>		

52 4237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4237

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary - A. Knapp

2. DATE
OF
DEATH

5/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

713 Homestead St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

713 Homestead St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/22/1875

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Timothy Walsh

14. MOTHER'S MAIDEN NAME

Annie O'Reilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph S. Knapp Jr. 2926
Way

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Dialitation

few hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency

unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/1952, to 5/1/1952, that I last saw the
deceased alive on 5/1/1952, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. W. Montgomery

23B. ADDRESS

401 E. 25th. St. Balto. Md.

23C. DATE SIGNED

5/3/52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Greenmount Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son 157
Holmes

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.
1914

52 4238

BALTIMORE CITY HEALTH DEPARTMENT

52 4238

VMC-158778
BIRTH NO. 48-03842

CERTIFICATE OF DEATH


Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Cathy Theresa Woods		5-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2302 Montebello terrace	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 19, 1948
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4
13. FATHER'S NAME Leo C. Woods		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Geneva Rainey	
17. INFORMANT Records- Baltimore City Hospitals 4940 Eastern Ave.		ADDRESS	

CERTIFICATION	18. 055X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute Hemorrhagic pneumonia		about 3 day
	ANTECEDENT CAUSES	(B)? Diphtheria		5 days
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
	II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
		Monogolism		life

MEDICAL	19A. DATE OF OPERATION 2/2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-1-, 1952, to 5-2-, 1952, that I last saw the deceased alive on 5-2-, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

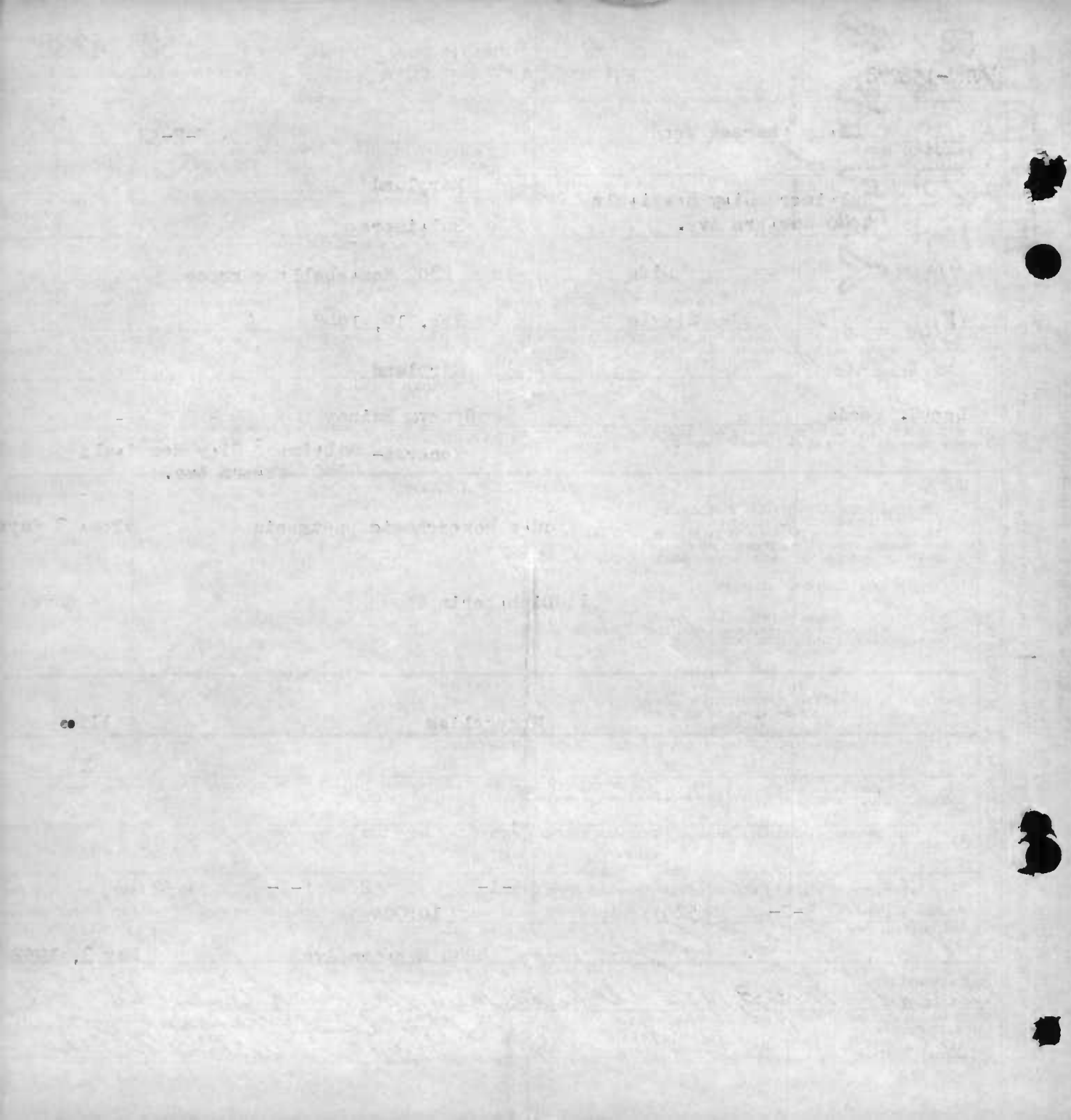
23A. SIGNATURE  M.D.	23B. ADDRESS <u>4940 Eastern Ave</u>	23C. DATE SIGNED <u>May 3, 1952</u>
---------------------------------------------------------------------------------------------------------------	-----------------------------------------	----------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>May 3, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 4 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>	ADDRESS <i>1631 Druid Hill Ave.</i>

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



630
5-940

52 4239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 4239

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>(assumed name)</i> <i>Edgar Ford / Peter Small</i>		2. DATE OF DEATH <i>April 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med / Opt 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>5-81</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2</i>	
7. c. Length of stay in Baltimore <i>2 1/2 yrs.</i>		8. D. STREET ADDRESS (If rural, give location) <i>1225 E. Monument St.</i>	
9. SEX <i>Male</i>	10. COLOR OR RACE <i>Colored</i>	11. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	12. DATE OF BIRTH <i>-29-11</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Launch Room</i>		14. AGE (in years last birthday) <i>41</i>	
15. 10a. KIND OF BUSINESS OR INDUSTRY <i>Launch Room</i>		16. 11. BIRTHPLACE (State or foreign country) <i>S.C.</i>	
17. 13. FATHER'S NAME <i>Frank Ford</i>		18. 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
19. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		20. 14. MOTHER'S MAIDEN NAME <i>Laura Green</i>	
21. 16. SOCIAL SECURITY NO.		22. 17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. 155x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Primary hepatoma</i>		19. INTERVAL BETWEEN ONSET AND DEATH <i>2 mo.</i>
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
21. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>7</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-5-1952</i> to <i>4-30-1952</i> , that I last saw the deceased alive on <i>4-30-1952</i> and that death occurred at <i>24</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Thos Franklin Williams M.D.</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>5/1</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion Cem.</i>	
24d. LOCATION (City, town, or county) <i>S.C.</i>		24e. (State)		25. FUNERAL DIRECTOR <i>Chas J. Wilson 1000 Bently</i>	
26. DATE RECEIVED BY LOCAL REGISTRAR <i>4-13-52</i>		27. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		28. ADDRESS	

69064

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO
LIBRARY

VALLEY
BOOKS
CHICAGO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Frank E. Brinton</u>			2. DATE OF DEATH <u>May 3, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2605 Taney Road</u>			4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) A. STATE <u>Pa.</u> B. COUNTY <u>Mifflin</u> V-22		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2605 Taney Road</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>		
c. Length of stay in Baltimore <u>4 days</u>			D. STREET ADDRESS (If rural, give location) <u>21 Montgomery Ave</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 30, 1886</u>	9. AGE (In years last birthday) <u>65</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Steel Mill</u>		
11. BIRTHPLACE (State or foreign country) <u>Harrisburg Pa.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>William Brinton</u>			14. MOTHER'S MAIDEN NAME <u>Ida Berger</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. <u>184-09-4228</u>		
17. INFORMANT <u>Mrs. Mary Bridge</u>			ADDRESS <u>2605 Taney Rd</u>		
18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) DUE TO <u>Coronary Thrombosis</u>					
(B) DUE TO <u>Myocarditis</u>					
(C) DUE TO <u>Thrombocytopenia</u>					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 5, 1947</u> , to <u>May 3, 1952</u> that I last saw the deceased alive on <u>May 3, 1952</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>N. E. Neede M.D.</u>		23B. ADDRESS <u>1314 - W. North Tr.</u>		23C. DATE SIGNED <u>5/3/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 7/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Mark's</u>	
24D. LOCATION (City, town, or county) (State) <u>Lewistown Pa.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>		ADDRESS <u>Loring Bgers 5005 Philadelphia Ave</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABRAHAM D. JANNEY

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-03

D. STREET ADDRESS (If rural, give location)

700 Park Avenue

c. Length of stay in Baltimore

About 30 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 21, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Leesburg, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles P. Janney

14. MOTHER'S MAIDEN NAME

Nannie Lee Pollack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A. D. Janney 700 Park Avenue

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Leesburg Cemetery

24D. LOCATION (City, town, or county) (State)

Leesburg, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. B. Peck & Sons, 11 Calverly

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE CORRECTED

5-7-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

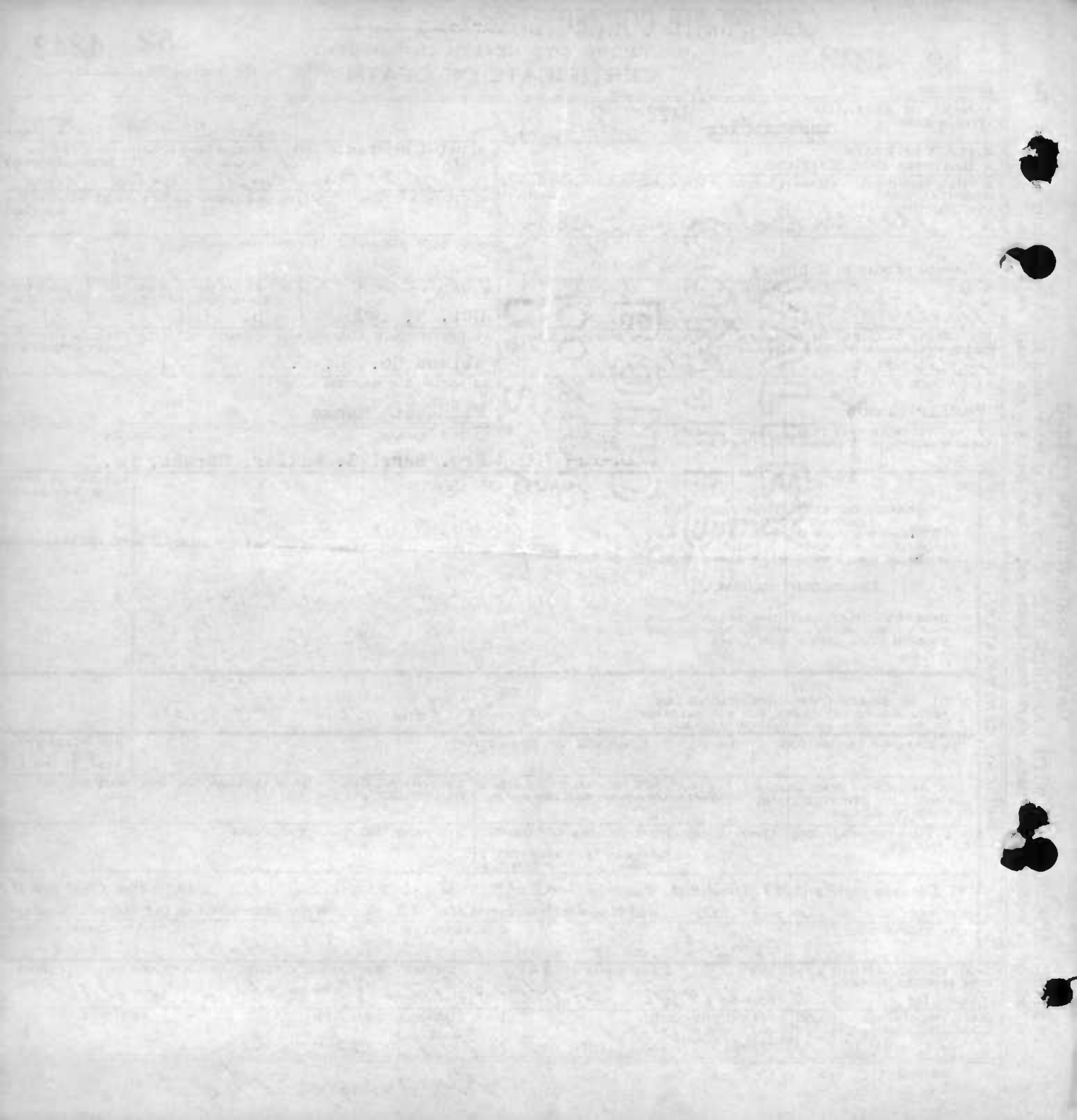
52 4242
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Halter WATT Smoot</i>		2. DATE OF DEATH <i>5-4-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Marlington</i> B. COUNTY <i>Harford</i> Md	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore Gen</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore <i>2 weeks</i>		D. STREET ADDRESS (If rural, give location) <i>6200</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Oct. 5, 1890</i>
9. AGE (In years last birthday) <i>61</i>		10. AGE (In years last birthday) <i>61</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
11. BIRTHPLACE (State or foreign country) <i>Wilkes Co., N. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S</i>	
13. FATHER'S NAME <i>Verlir Smoot</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Hanks</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-16-9780</i>	
17. INFORMANT <i>Mrs. Beryl S. Miller, Street, Md.</i>		ADDRESS	

18. <i>539.1 and 151x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Empyema, Rt</i> (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Ulcerated Esophagus, perforated</i> DUE TO (C) <i>Sub-diaphragmatic abscess, Rt</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>? Cancer of stomach - metastasis</i>		

19A. DATE OF OPERATION <i>5-4-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-26-1952</i> , to <i>5-4-1952</i> , that I last saw the deceased alive on <i>5-4-1952</i> , and that death occurred at <i>2:15 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jung-tsing Wong</i> M. D.		23B. ADDRESS <i>1213 Light Street</i>		23C. DATE SIGNED <i>5-4-1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 6, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Zion Cem</i>	
24D. LOCATION (City, town, or county) <i>Harford Co Md</i>		24E. STATE <i>Md</i>		25. FUNERAL DIRECTOR <i>H. S. Bailey</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>10010 Harlington, Md</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **Joseph Kravin**

2. DATE OF DEATH **April 21, 1952**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **26-12**

c. Length of stay in Baltimore **45 yrs.**
Yrs. _____
Mos. _____
Days _____

D. STREET ADDRESS (If rural, give location)
4940 Eastern Ave. Balt. City Hospitals

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
Aug. 20, 1879

9. AGE (In years last birthday) **72**
If Under 1 Year: Months _____ Days _____
If Under 24 Hours: Hours _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Andre (Andree) Kravin

14. MOTHER'S MAIDEN NAME
Blanche (Blanch)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18. **150X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Massive pulmonary hemorrhage**

5 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of Esophagus & mediastinal metastasis**

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
April 7, 1952

19B. MAJOR FINDINGS OF OPERATION
Gastrectomy for relief of esophageal obstruction

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-26**, 19 **48** to **4-21**, 19 **52** that I last saw the deceased alive on **April 21**, 19 **52**, and that death occurred at **2.30pm.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]**

23B. ADDRESS
4940 Eastern Ave.

23C. DATE SIGNED
4-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1952

Huntington Williams

UNIVERSITY MEDICAL SCHOOL APR 29 1952

Commissioner of Health

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

H-256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4244

BIRTH NO. 52-09529

1. NAME OF DECEASED
(Type or Print)

BABY BOY HELMRICH

2. DATE
OF
DEATH

April 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN Granite

D. STREET ADDRESS (If rural, give location)

5300

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. Length of stay in Baltimore

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH April 28 1952

9. AGE (In years last birthday)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity and premature separation of placenta

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8³⁰ April 28, 1952, to 10⁰⁰ April 28, 1952, that I last saw the deceased alive on 10⁰⁰ April 28, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Helene C. Brulman

M. D.

4-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAY 1 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

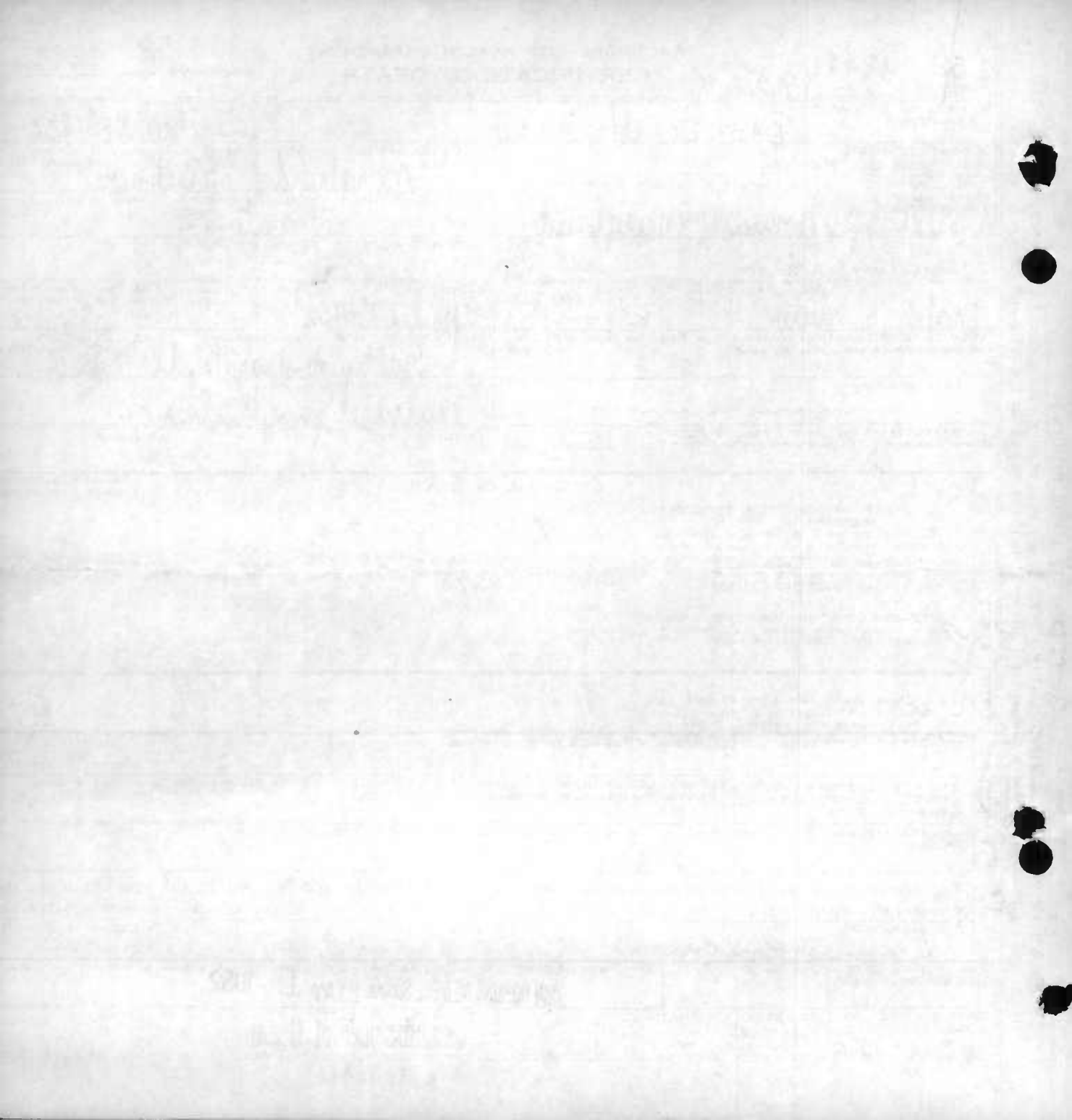
MAY 4 - 1952

Huntington Williams, M.D.

Commissioner of Health

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 4245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4245
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. David Franklin

2. DATE
OF DEATH May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Youth Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-11

D. STREET ADDRESS (If rural, give location)

3710 Liberty Heights Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

December 20, 1887

9. AGE (in years
last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

Medical

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Franklin

14. MOTHER'S MAIDEN NAME

Mollie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Mollie Helen Franklin

ADDRESS 3710

Liberty Heights

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral vascular hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive vascular disease

(C)

Arteriosclerotic vascular disease

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30-1952, to 5-1-1952, that I last saw the
deceased alive on 5-1-1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Yung-ting Wong

M. D.

23B. ADDRESS

1213 8th Street

23C. DATE SIGNED

5-1-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery Rogers Ave

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 - 1952

REGISTRAR'S SIGNATURE

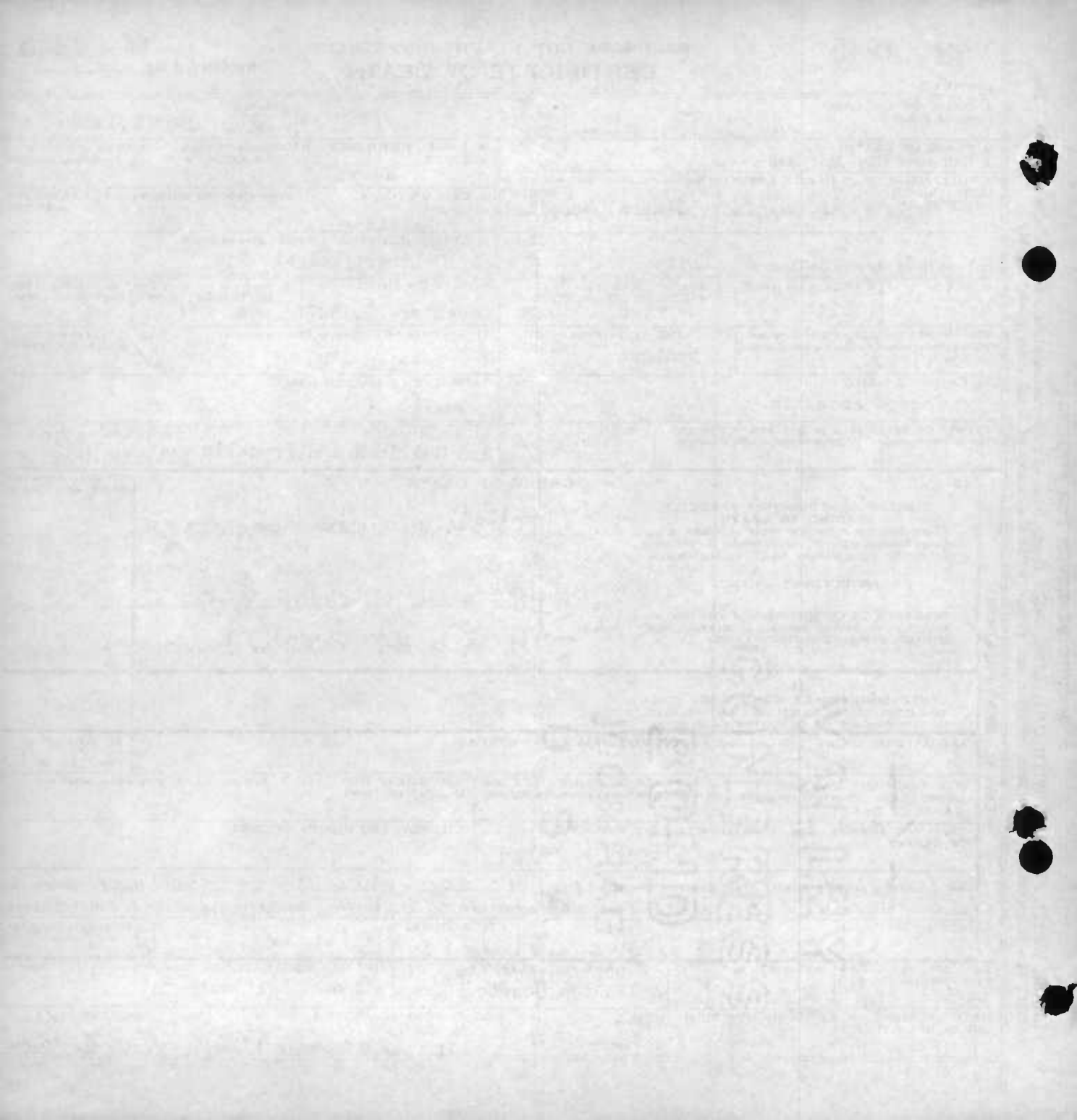
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levenmont Bros

ADDRESS 1126 W

North ave



11-52 To be Approved by Med. Examiner. KONTZ

52 4246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 4246

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Kontz

2. DATE OF DEATH 5/4/52

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Carroll

5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hosp.

6. CITY OR TOWN Westminster

7. STREET ADDRESS (If rural, give location) 101 W. Main St. 5641

8. Length of stay in Baltimore Yrs. Mos. Days

9. SEX F. 10. COLOR OR RACE Wh. 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.

12. DATE OF BIRTH 11-2-1866

13. AGE (in years last birthday) 85

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

17. KIND OF BUSINESS OR INDUSTRY -

18. BIRTHPLACE (State or foreign country) Maryland

19. CITIZEN OF WHAT COUNTRY? U.S.

20. FATHER'S NAME George W. Stoner

21. MOTHER'S MAIDEN NAME Mary Catherine Sullivan

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

23. SOCIAL SECURITY NO. none

24. INFORMANT ADDRESS Howard E. Kontz, Jr. Westminster, Md.

25. CAUSE OF DEATH 18. 442x and 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Anterior wall myocardial infarction DUE TO Cardiac disease.

26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Certification approved by Nicholas V. Goulet, M.D. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Inert L. Hip (neck of femur)

27. MEDICAL CERTIFICATION II

28. DATE OF OPERATION 4/25/52

29. MAJOR FINDINGS OF OPERATION Infection 7 mil.

30. AUTOPSY? YES ☐ NO ☐

31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.

33. WHERE DID INJURY OCCUR? Westminster - Carroll Co.

34. TIME (Month) (Day) (Year) (Hour) OF INJURY 6:30 P.M. 4/20/52

35. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

36. HOW DID INJURY OCCUR? Tripped on rug.

37. I hereby certify that I attended the deceased from 4/20, 1952, to 5/4/52, 1952, that I last saw the deceased alive on 5/4/52, 1952, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

38. SIGNATURE S.E. Bryant

39. ADDRESS M.D. Md. Gen. Hosp.

40. DATE SIGNED 5/4/52

41. BURIAL, CREMATION, REMOVAL (Specify) Burial

42. DATE 5/7/1952

43. NAME OF CEMETERY OR CREMATORY Friends Cemetery

44. LOCATION (City, town, or county) (State) Westminster, Md.

45. DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1952

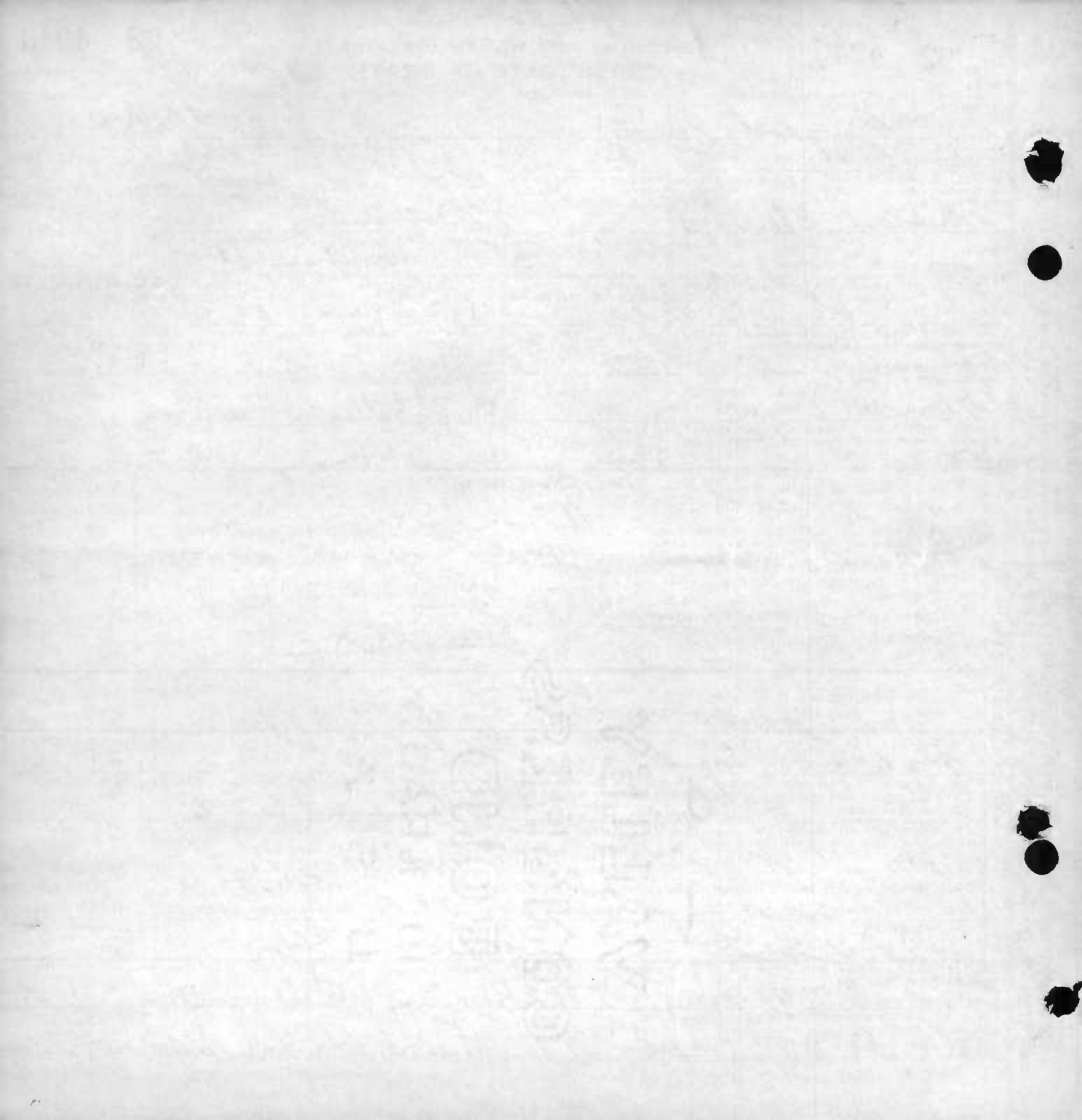
46. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

47. FUNERAL DIRECTOR H. Bankard, Son, Westminster, Md.

48. ADDRESS

VS 150

N 820.0



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4247
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CATHERINE E. DASHNER

2. DATE
OF
DEATH

May 1, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4320 Shamrock Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-02

D. STREET ADDRESS (If rural, give location)

4320 Shamrock Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 22, 1897

9. AGE (In years
last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Timothy Geraghty

14. MOTHER'S MAIDEN NAME

Catherine Harkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry A. Dashner 4320 Shamrock Ave.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
Arterio-SclerosisINTERVAL BETWEEN
ONSET AND DEATH

3 or 4 hours

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1952 to April 1, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Artigiani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

5/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-5-52.

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 4 - 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Zeile 901 S. Conkling St.

DAIRYHOLM HOSPITAL DEPARTMENT
CERTIFICATE OF DEATH

DECEASED: J. J. JONES

RESIDENCE: 452 N. 1st St.

DATE OF DEATH: 10/10/1910

AGE: 65

SEX: Male

RACE: White

CAUSE OF DEATH: Heart Disease

DECEASED'S SIGNATURE

Physician's Signature

WITNESSES: J. J. Jones, J. J. Jones

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

Physician's Signature

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

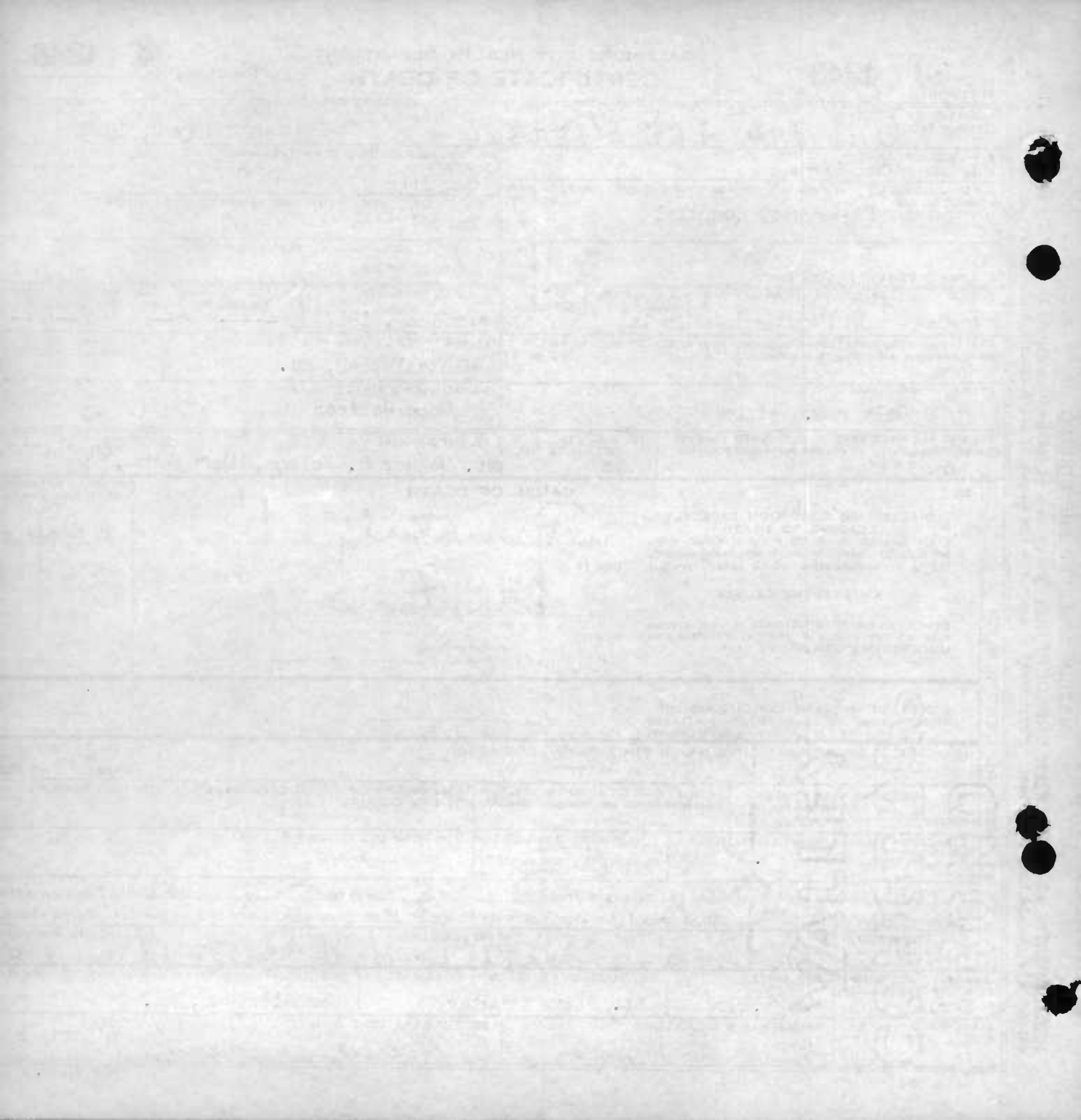
Registered No. 52 4248

BIRTH NO. 52 4248

1. NAME OF DECEASED (Type or Print) WILMA LEE NELSON			2. DATE OF DEATH May 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Randallstown		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Edmar Farms		
6. SEX Female	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years; last birthday) April 25, 1952		10. Under 1 Year Months: 7 Days: —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Randallstown, Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Delmar S. Nelson		
14. MOTHER'S MAIDEN NAME Hope Hartman			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. No			17. INFORMANT ADDRESS Mr. Delmar S. Nelson, Edmar Farms, Md		

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO (A) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 8 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atelectasis DUE TO (B) Atelectasis		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II		—

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-25, 1952 to 5-2, 1952 that I last saw the deceased alive on 5-2, 1952 and that death occurred at 6:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John W. Bossard, M.D.		23B. ADDRESS Univ. Hosp. Balto Md		23C. DATE SIGNED May 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 5, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24D. LOCATION (City, town, or county) Randallstown, Md.		24E. FUNERAL DIRECTOR E. Willis Lamoreau		24F. ADDRESS 4510 Liberty Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4249

STEIGERWALD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4249

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara V. Steigerwald

2. DATE
OF
DEATH

5-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

1-03

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

517 S. Rose St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - md

D. STREET ADDRESS (If rural, give location)

517 S. Rose St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE/MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-12-92

9. AGE (in years
last birthday)

60

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Balto - md -

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Langrehr

14. MOTHER'S MAIDEN NAME

Elizabeth Herman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Chase - 517 S. Rose St.

18. 331x I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Cerebral vascular accident

DUE TO Cerebral Arterio-sclerosis
& Ch. Hypertension

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 w/c

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1952, to May 2, 1952, that I last saw the
deceased alive on May 1, 1952, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Clara V. Steigerwald

23B. ADDRESS

700 S. Pratt St

23C. DATE SIGNED

5-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-5-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto -

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zolman - 403 S. Wolfe St.

CS-18

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

DOCK NO. 10

CS-18

UNITED STATES OF AMERICA

1947

Plaintiff vs. Defendant
Case No. 10-1000
Filed for record
at Washington, D.C.
this 10th day of April, 1947

Subscribed and sworn to before me
this 10th day of April, 1947
at Washington, D.C.
Notary Public for the District of Columbia

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4250**

52 4250
BIRTH NO. **51-30052**

1. NAME OF DECEASED (Type or Print) KATHERINE HOWELL			2. DATE OF DEATH May 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore 8 <small>Yrs. Mos. Days</small>			D. STREET ADDRESS (If rural, give location) 719 E. Preston Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 8-30-51	9. AGE (In years last birthday) 8	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Melvin E. Howell, Jr.			14. MOTHER'S MAIDEN NAME Katherine Anderson ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Melvin Howell, Jr.: 719 E. Preston		

18. 491x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 5-5-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED May 2, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-5-52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto -
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Walter [Signature]	ADDRESS 403 S. [Signature]

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4251

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hare, Frances M.

2. DATE
OF
DEATH

May 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #18

D. STREET ADDRESS (If rural, give location)

717 Bartlett Avenue

C. Length of stay in Baltimore

19 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

OCTOBER 7, 1911

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR INDUSTRY

C. & P. Tele. Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN S. KIJOWSKI

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-22-2832

17. INFORMANT

FAMILY

ADDRESS

717 BARTLETT AVE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive cardiovascular disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1952 to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. R. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

May 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-5-1952

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE

24D. LOCATION (City, town, or county)

DORSEY

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2343 HARFORD RD

VS 150

3705A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDDY
114

52 4252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4252

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Blanche Henderson

2. DATE
OF
DEATH May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

419 Westgate Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

419 Westgate Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 7, 1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Grace

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Howard Myers, 3625 Patterson Avenue

18. 414X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE WORK ☐

22. I hereby certify that I attended the deceased from April 22, 1952, to April 27, 1952, that I last saw the deceased alive April 27, 1952, and that death occurred at 1:45 p. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

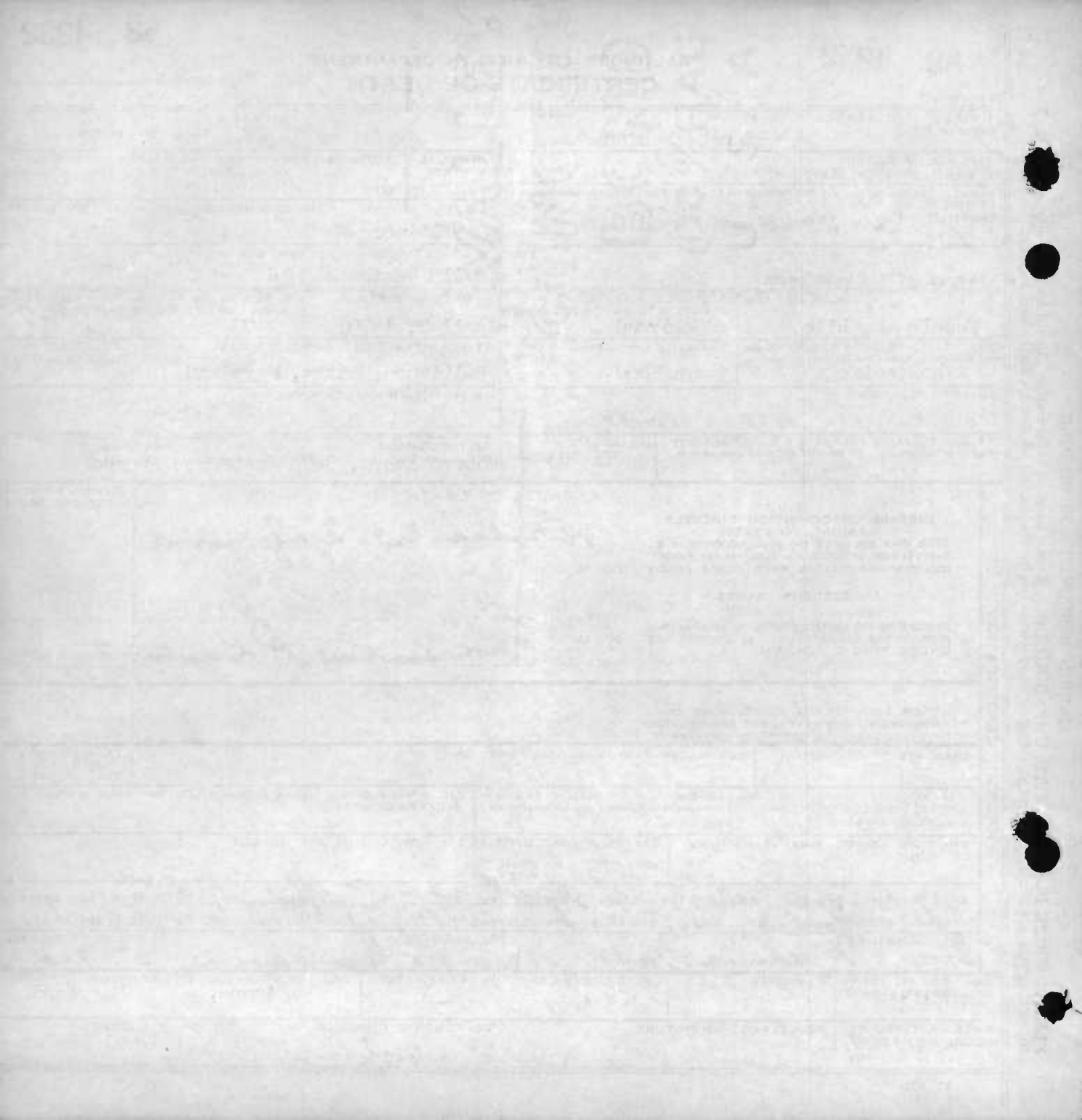
ADDRESS

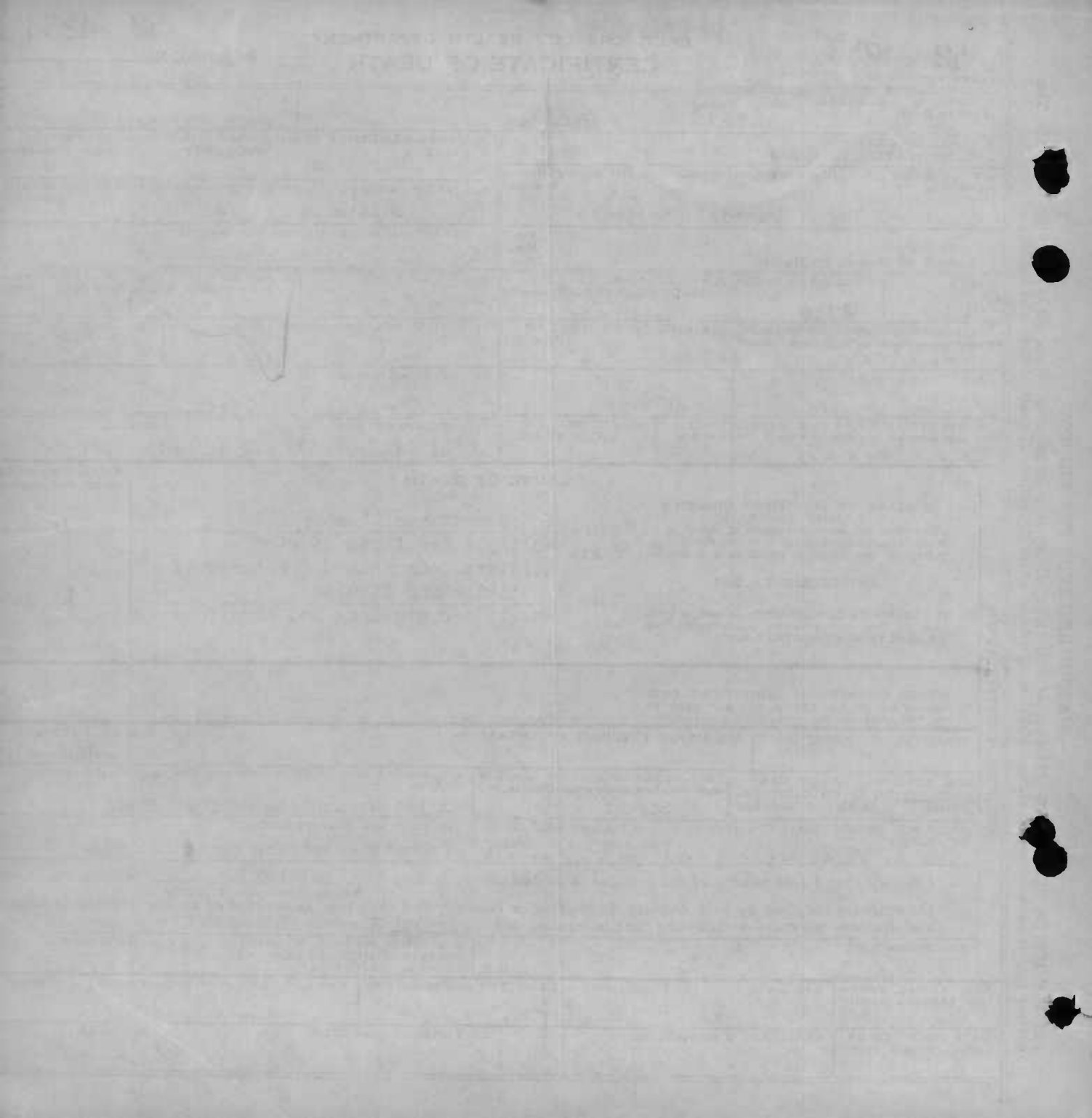
MAY 4 - 1952

Huntington Williams, M.D.

Wm. Cook, Inc.,

121 7 St. Paul Street

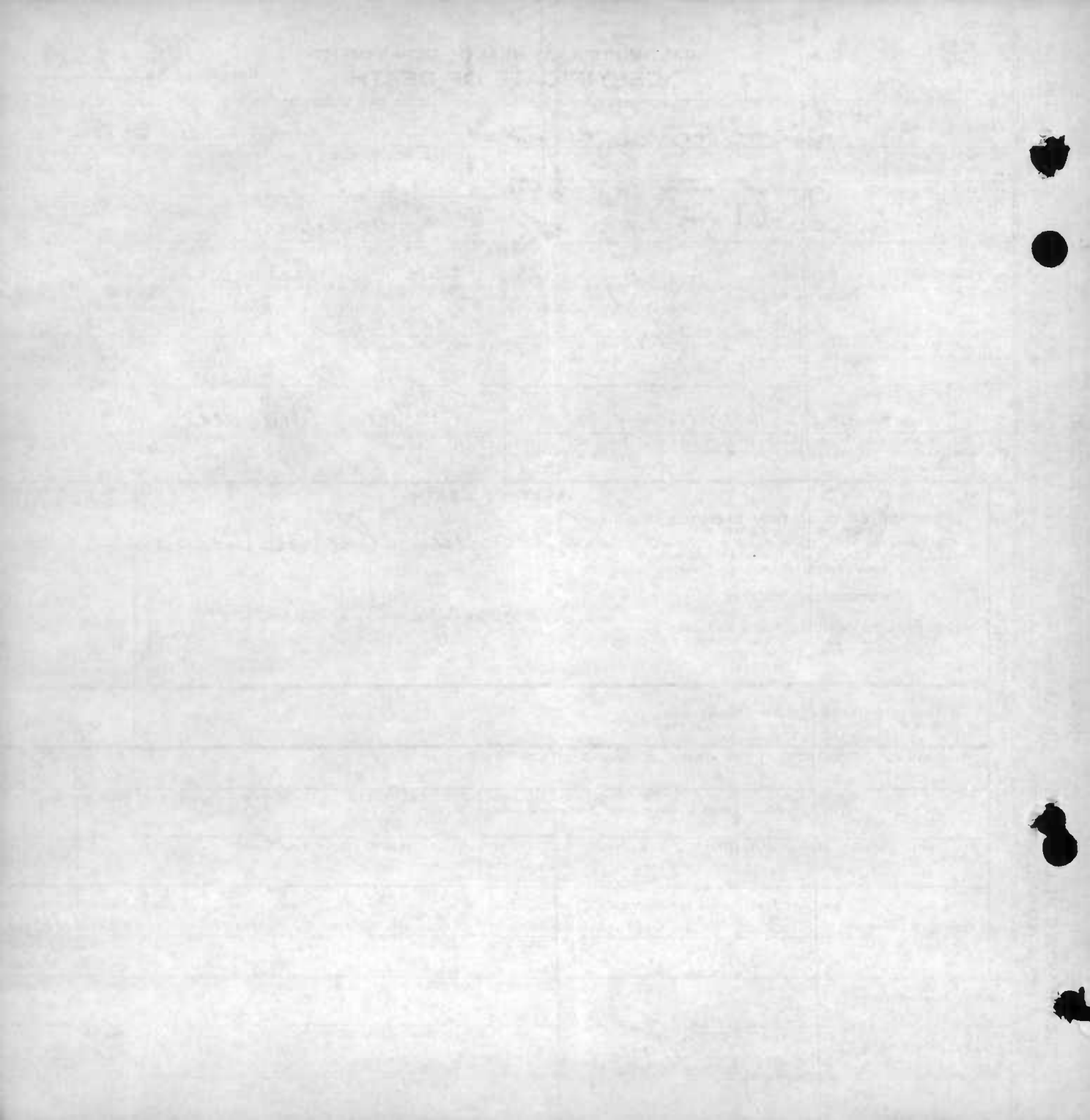




MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 52 4254	
CERTIFICATE OF DEATH					
BIRTH NO. 52-08569					
1. NAME OF DECEASED (Type or Print) <i>Gail Patricia Munday</i>			2. DATE OF DEATH <i>5-3-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Muncy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-38</i>		
c. Length of stay in Baltimore <i>3 weeks</i>			D. STREET ADDRESS (If rural, give location) <i>2049 E. Belvedere Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4/12/1952</i>	9. AGE (In years, last birthday) <i>33</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Joseph Munday</i>			14. MOTHER'S MAIDEN NAME <i>Delores Hummer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Joseph G. Munday E. Belvedere Ave.</i>	
18. <i>539.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aspiration Pneumonia</i> DUE TO ANTECEDENT CAUSES <i>Eosinophilic sinusitis</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>5-3-52</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-30-52</i> , to <i>5-3-52</i> , that I last saw the deceased alive on <i>5-3-52</i> , and that death occurred at <i>8:25 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. H. H. H. H.</i>			23B. ADDRESS <i>Muncy Hosp.</i>		23C. DATE SIGNED <i>5-3-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/5/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Prospect Hill</i>		24D. LOCATION (City, town, or county) (State) <i>Towson Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 4-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. J. Cook Inc. 1217 St. Paul St.</i>	



17-613

52 4255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4255

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George A. Kraft			2. DATE OF DEATH May 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1125 Valley Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
D. STREET ADDRESS (If rural, give location) 1125 Valley Street			E. Yrs. Mos. Days		
c. Length of stay in Baltimore			F. Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 21, 1865		9. AGE (In years, last birthday) 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sewing Machine Business			10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John C. Kraft		
14. MOTHER'S MAIDEN NAME Catherine E. Lembach			15. INFORMANT ADDRESS Miss Florida Kraft, 1125 Valley Street		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			17. SOCIAL SECURITY NO. none		

18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO arteriosclerotic kidneys DUE TO arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks ? ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 1, 1951 , to 2 May, 1952 , that I last saw the deceased alive on 1 May, 1952 , and that death occurred at 1:55 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel Schenkel		23B. ADDRESS 714 E. Preston St		23C. DATE SIGNED 3 May 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5/5/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Clark, Inc.		ADDRESS 1217 St. Paul Street	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-356

52 4256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4256

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Agnes Bittner

2. DATE
OF
DEATH May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

933 Montpelier Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

933 Montpelier Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 19, 1886

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bakery

10B. KIND OF BUSINESS OR
INDUSTRY

General Bakery

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Richmond

14. MOTHER'S MAIDEN NAME

Jane Kerns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-12-9008 A Mr. W. E. Nice, 4909 Kenwood

17. INFORMANT

ADDRESS

18.

175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Ovary &
AtherosclerosisINTERVAL BETWEEN
ONSET AND DEATH

1 1/2 yrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

abdominal Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951, to May 2, 1952, that I last saw the
deceased alive on May 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/5/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

69044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Worsley
2900 Alameda Blvd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months; Days
11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 29, 1952 to May 3, 1952 that I last saw the
deceased alive on May 3, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

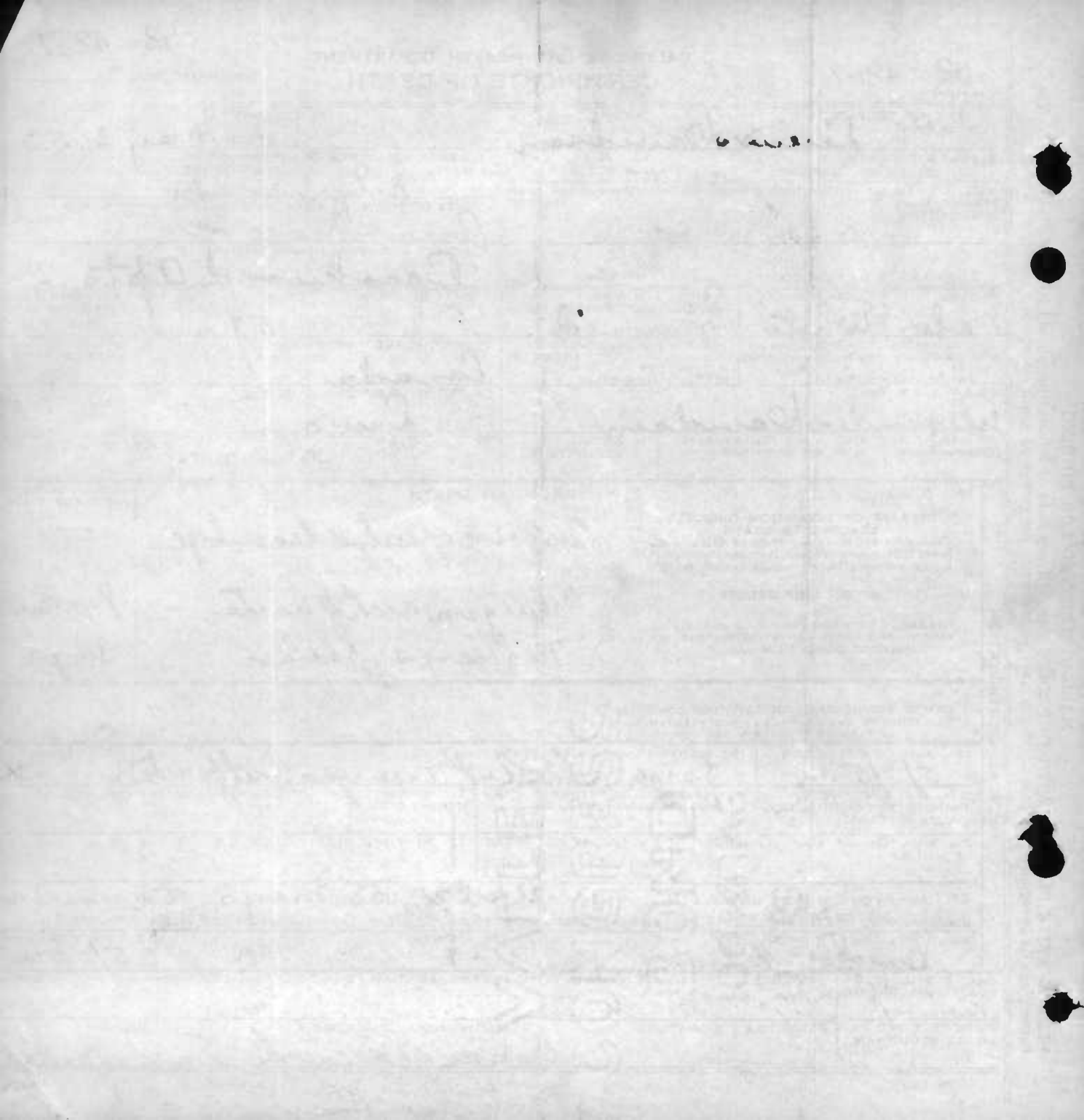
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-432

52 4258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

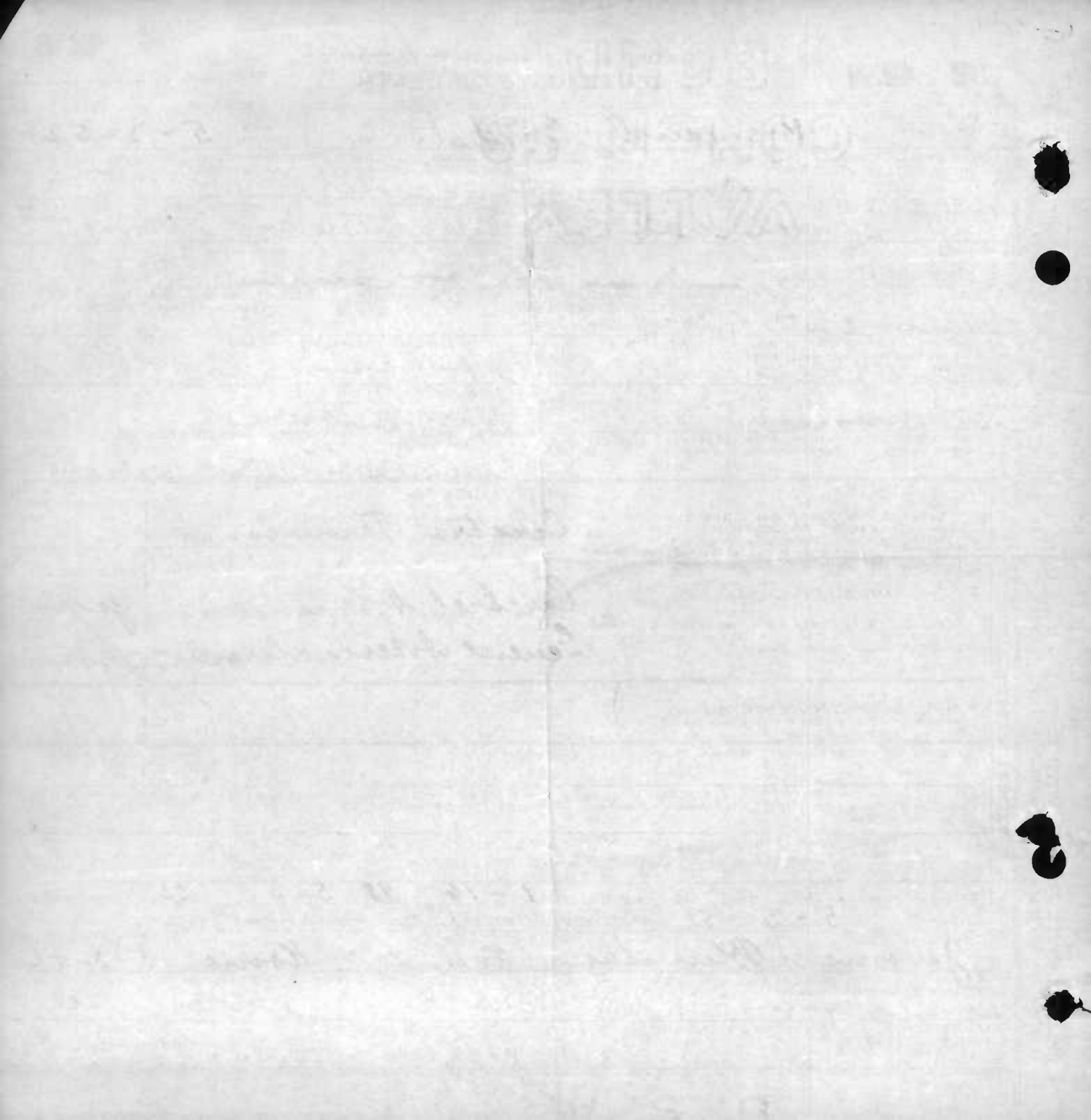
Registered No. _____

52 4258
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs Fanny Goldstein			2. DATE OF DEATH 5-3-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		
c. Length of stay in Baltimore 60 Yrs. Mon Days			D. STREET ADDRESS (If rural, give location) Levindale		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 85		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Not known			14. MOTHER'S MAIDEN NAME Not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Maurice Goldstein 3012 Harbor Ave ADDRESS _____		

18. 332x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Arteriosclerosis		years
DUE TO		
General Arteriosclerosis		years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-4-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-16-48 , 19 48 , to 5-3 , 19 52 , that I last saw the deceased alive on 5-3 , 19 52 , and that death occurred at 1:10 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Jerome J. Plumley M.D.		23B. ADDRESS Levindale Home		23C. DATE SIGNED 5-3-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-4-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR Jack Lewis 2100 Eutan Pl			
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1952		REGISTRAR'S SIGNATURE William W. Williams		ADDRESS _____	



52 4259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4259

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAMON B. DIAZ

2. DATE
OF
DEATH

MAY 4 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

TAMPA

D. STREET ADDRESS (If rural, give location)

3510 11th. St

c. Length of stay in Baltimore

4 days.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-21-93

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Comp. Value Office Mgr

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Spain

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jose Benito Diaz

14. MOTHER'S MAIDEN NAME

MICHAELA BORRORRA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 156.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic Ca of liver
primary undetermined

?

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-1-1952 to 5-4-1952 that I last saw the
deceased alive on 5-4-1952, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John Burroughs M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-4-52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1952

Huntington Williams

25. FUNERAL DIRECTOR ADDRESS

VS 150

29099 403-E-25th St Balto - 18 md

MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

Form 1-60

TO : DIRECTOR, FBI (100-100000)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]
6. [Illegible]
7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]
11. [Illegible]
12. [Illegible]
13. [Illegible]
14. [Illegible]
15. [Illegible]
16. [Illegible]
17. [Illegible]
18. [Illegible]
19. [Illegible]
20. [Illegible]
21. [Illegible]
22. [Illegible]
23. [Illegible]
24. [Illegible]
25. [Illegible]
26. [Illegible]
27. [Illegible]
28. [Illegible]
29. [Illegible]
30. [Illegible]
31. [Illegible]
32. [Illegible]
33. [Illegible]
34. [Illegible]
35. [Illegible]
36. [Illegible]
37. [Illegible]
38. [Illegible]
39. [Illegible]
40. [Illegible]
41. [Illegible]
42. [Illegible]
43. [Illegible]
44. [Illegible]
45. [Illegible]
46. [Illegible]
47. [Illegible]
48. [Illegible]
49. [Illegible]
50. [Illegible]
51. [Illegible]
52. [Illegible]
53. [Illegible]
54. [Illegible]
55. [Illegible]
56. [Illegible]
57. [Illegible]
58. [Illegible]
59. [Illegible]
60. [Illegible]
61. [Illegible]
62. [Illegible]
63. [Illegible]
64. [Illegible]
65. [Illegible]
66. [Illegible]
67. [Illegible]
68. [Illegible]
69. [Illegible]
70. [Illegible]
71. [Illegible]
72. [Illegible]
73. [Illegible]
74. [Illegible]
75. [Illegible]
76. [Illegible]
77. [Illegible]
78. [Illegible]
79. [Illegible]
80. [Illegible]
81. [Illegible]
82. [Illegible]
83. [Illegible]
84. [Illegible]
85. [Illegible]
86. [Illegible]
87. [Illegible]
88. [Illegible]
89. [Illegible]
90. [Illegible]
91. [Illegible]
92. [Illegible]
93. [Illegible]
94. [Illegible]
95. [Illegible]
96. [Illegible]
97. [Illegible]
98. [Illegible]
99. [Illegible]
100. [Illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

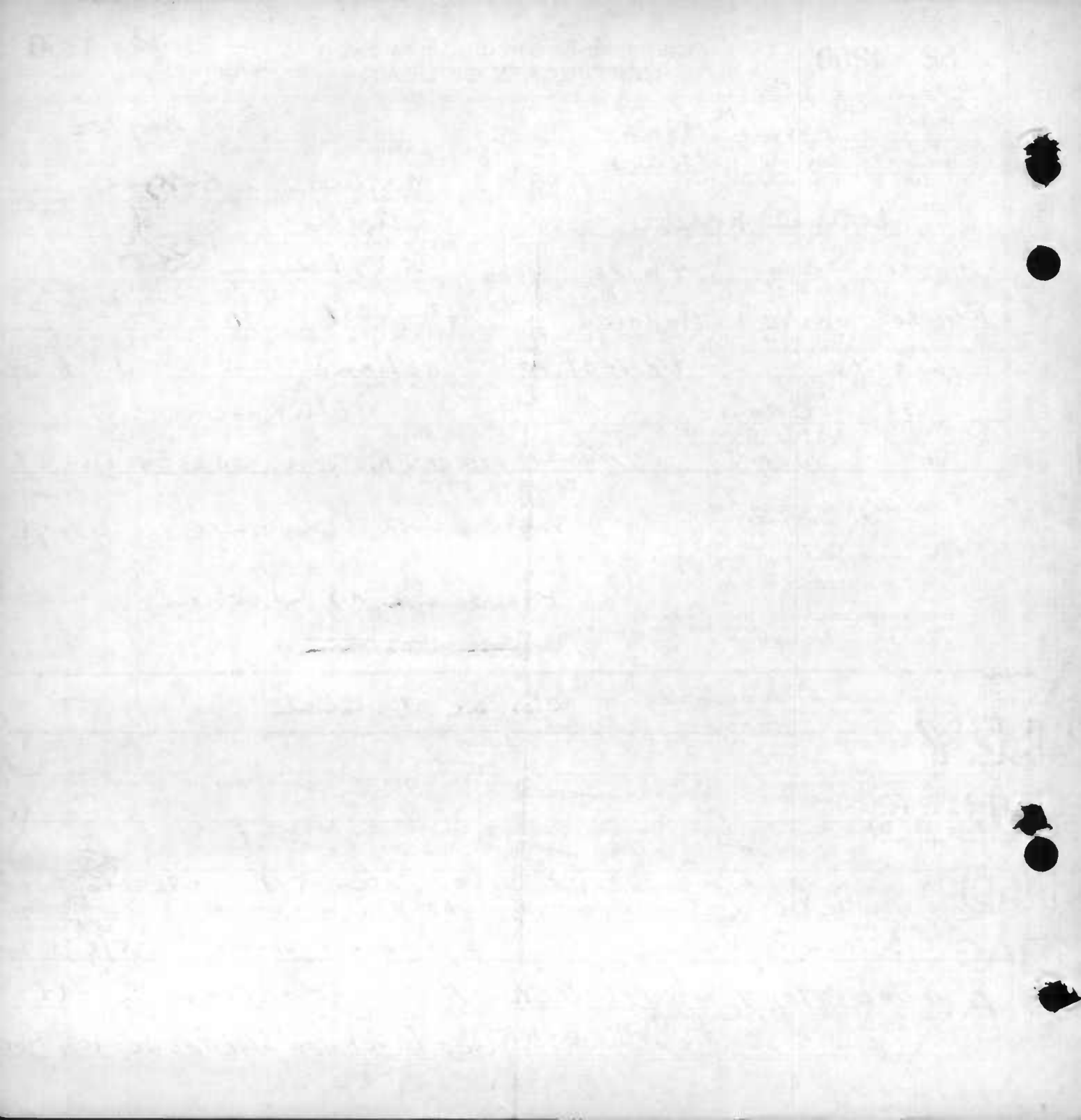
52 4260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4260

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <i>Annie M. Myers</i>			2. DATE OF DEATH <i>3 May '52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>46 Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-04</i>					
C. Length of stay in Baltimore <i>46 yrs.</i>			D. STREET ADDRESS (if rural, give location) <i>2533 Emerson Street</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>24 May 1881</i>		9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months: Days	If Under 1 Year Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Brown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>HARRY B. MYERS</i>		ADDRESS <i>2533 Emerson St.</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Subarachnoid hemorrhage</i> DUE TO ANTECEDENT CAUSES (B) <i>Hypertensive A.S. CV. disease</i> DUE TO (C) <i>Chronic alcoholism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>					
19A. DATE OF OPERATION <i>5/3</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>4/30</i> , 19 <i>54</i> to <i>5/3</i> , 19 <i>54</i> that I last saw the deceased alive on <i>5/3</i> , 19 <i>52</i> and that death occurred at <i>11:10 P.M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>William T. Bremer</i>			23B. ADDRESS <i>Lutheran Hospital</i>			23C. DATE SIGNED <i>5/4 '52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>MAY 7, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Geo. L. Schwab</i>		ADDRESS <i>2101 Frederick Ave.</i>		



N. 562

52 4261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4261

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Albert Newmark</i>			2. DATE OF DEATH <i>5/3/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Mo</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Quinn Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bell, 17 13-01</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>2431 Callow Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Apr. 21-1894</i>	9. AGE (in years last birthday) <i>58</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>ELEC. APPLIANCES</i>	11. BIRTHPLACE (State or foreign country) <i>New York City</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Abraham Newmark</i> (w/)			14. MOTHER'S MAIDEN NAME <i>Rose</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT <i>The wife</i> ADDRESS _____		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>HEMORRHAGE INTO</i> DUE TO <i>RIGHT CEREBRAL HEMISPHERE</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <i>5/2/52</i>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *5/2/52*, 19__, to *5/3/52*, 19__, that I last saw the deceased alive on *5/2/52*, 19__, and that death occurred at *3:25 p.m.*, from the causes and on the date stated above.

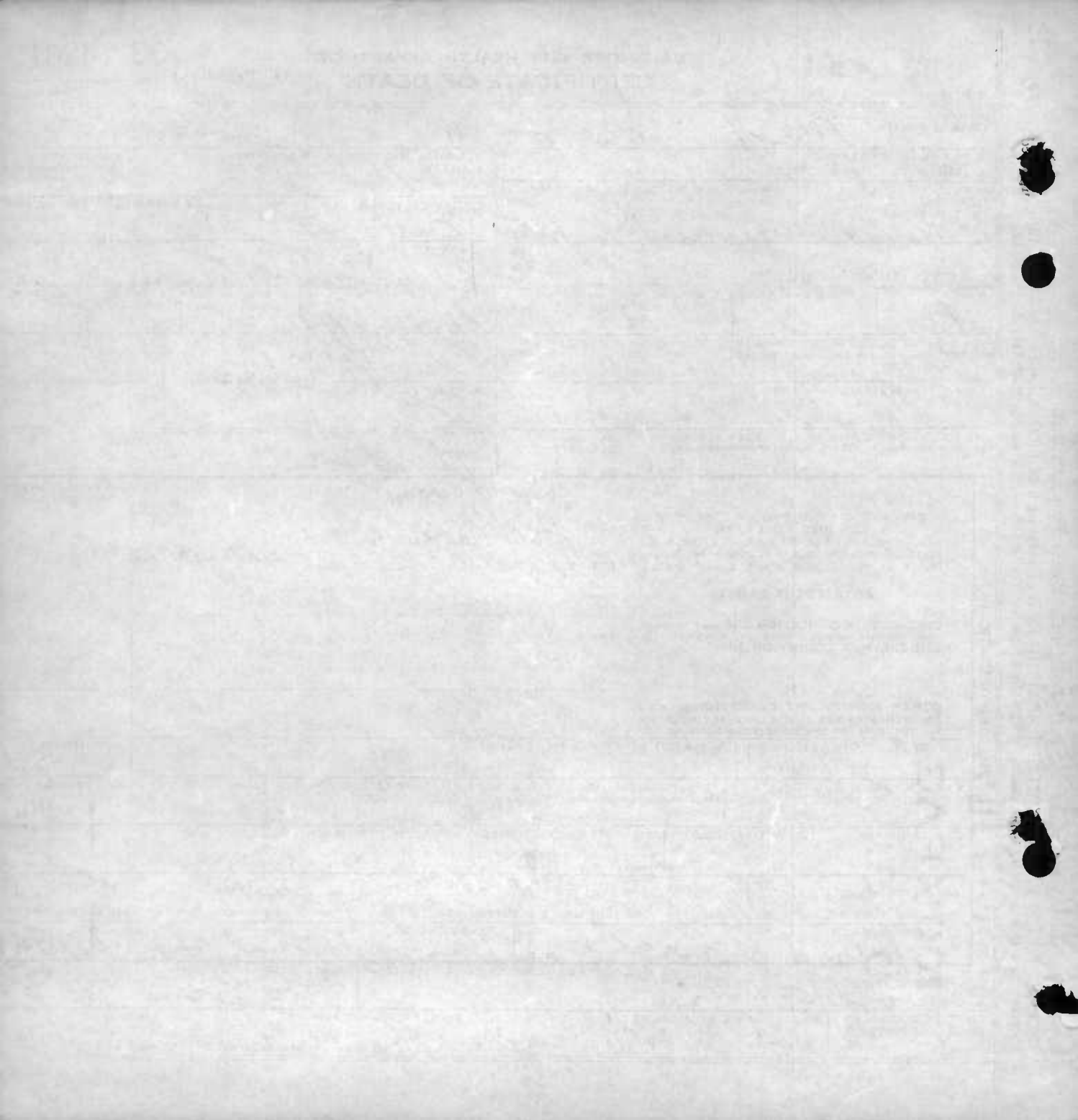
23A. SIGNATURE <i>Richard R. Beach</i>	23B. ADDRESS <i>Union Memorial Hosp</i>	23C. DATE SIGNED <i>5/3/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>5-4-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New York N.Y.</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Jack Lewis</i>	ADDRESS <i>2100 Canton Rd</i>
---------------------------------------------------------	-----------------------------------------------------	-------------------------------------------	----------------------------------

4906H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4262
Registered No.

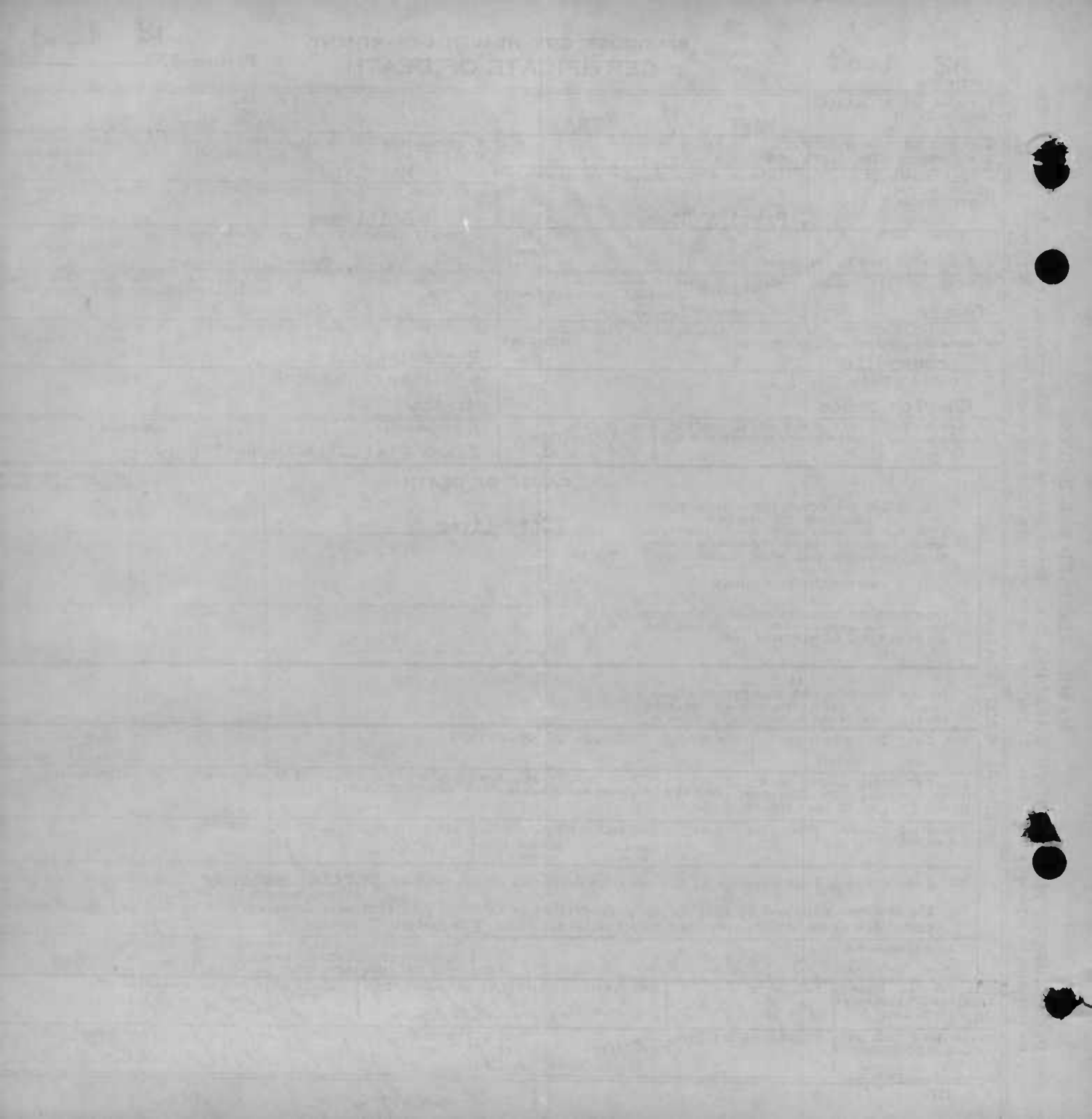
BIRTH NO. 52 4262		2. DATE OF DEATH May 1, 1952	
1. NAME OF DECEASED (Type or Print) MARY M. VERA		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) 306 S. Parrish Street C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 306 S. Parrish Street		5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 4-30-1900 9. AGE (in years last birthday) 52 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY? C 13. FATHER'S NAME Charles McGee 14. MOTHER'S MAIDEN NAME Martha 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT James Platt-145 McPhail Street ADDRESS	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver (A) FATTY LIVER CAUSE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Duncanson M.D.	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	23C. DATE SIGNED May 1, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-6-1952	24C. NAME OF CEMETERY OR CREMATORY New Calverton
24D. LOCATION (City, town or county) Baltimore	24E. (State) Md	25. FUNERAL DIRECTOR R. B. M. Walters
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	ADDRESS



W-200

52 4263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4263
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carl Weiss

2. DATE
OF
DEATHMay 1st 1952
12:00 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

70 Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1200 Valley St

c. Length of stay in Baltimore

1 month

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4 Oct-1867

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Switzerland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Weiss

14. MOTHER'S MAIDEN NAME

Mary Hagen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Little Sisters of the Poor

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOHypertension
ArteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to May, 1952, that I last saw the
deceased alive on May, 1952, and that death occurred at 12 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James Fisher

M. D.

23B. ADDRESS

3422 Belair Rd.

23C. DATE SIGNED

5/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Beda Wiedefeld 906 Beddle St

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1003
George W. Brown

14 years
A. Brown

1003
1003
1003

James Brown

M-260

52 4264

52 4264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas Mc Sherry

2. DATE OF DEATH
3 May 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

70 Little Sister of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01D. STREET ADDRESS (If rural, give location)
1200 Valley St

c. Length of stay in Baltimore 3 weeks

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7 Sep. 1860

9. AGE (In years last birthday)

91

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Mc Sherry

14. MOTHER'S MAIDEN NAME

Anne Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Little Sister of the Poor

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocarditis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to May 8, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob Fisher M. D.

23B. ADDRESS

3422 Belair Rd.

23C. DATE SIGNED

5/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1952

Huntington Williams, Jr.

O'Dea Wedgfeld 900 E. Biddle St

MARGIN RESERVED FOR BINDING
PLEASE WRITE IN UNFADING INK. Every item of information should be carefully and legibly. Physicians write the causes of death clearly and legibly.
correct age is especially important.

UNITED STATES DEPARTMENT OF HEALTH
CENTRO-CALIFORNIA OF DEATH

APPROVED
APPROVED

APPROVED
APPROVED
APPROVED

G-316

52 4265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4265
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENA M. GOODFRIEND

2. DATE
OF
DEATH

5-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2503 Brookfield Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2503 Brookfield Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

57

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Elias

14. MOTHER'S MAIDEN NAME

Freda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis Goodfriend - Home

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

Arterio-sclerosis (Hypertension)

3 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from 5/23-52, 19__, to 2 May 4, 1952, that I last saw the deceased alive on 2 May 3, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Frederick Lutz

23B. ADDRESS

Temple Gardens

23C. DATE SIGNED

May 4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-5-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Benton Pl

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WALLACE
CHURCH
MORRIS
COOK
S. CO.

UNITED STATES GOVERNMENT

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.
1918

UNITED STATES GOVERNMENT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-450

52 4266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4266
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) EVA GAHOON	
2. DATE OF DEATH 5-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 2401 Callow Ave Baltimore 15-11	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
7. STREET ADDRESS (If rural, give location) 7400 Dolfield Ave	
8. DATE OF BIRTH	
9. AGE (in years last birthday) 57 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Pittsburgh Pa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Israel	
14. MOTHER'S MAIDEN NAME Tillie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.	
17. INFORMANT Bruce Galoon ADDRESS 4904 Haddon Ave	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crown Atherosclerosis DUE TO Crown Atherosclerosis Xanthomatous Tuberosum Rheumatic Mitral Regurgitation & Arter Sclerosis DUE TO (C) None	
19. DATE OF OPERATION 0	
19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 9, 1949 , to May 3, 1952 , that I last saw the deceased alive on May 3, 1952 , and that death occurred at 7:30 PM , from the causes and on the date stated above.	
23a. SIGNATURE Lea Eschman	
23b. ADDRESS 1201 Poplar Lane St	
23c. DATE SIGNED 5-3-52	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	
24b. DATE May 5, 1952	
24c. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Bldg	
24d. LOCATION (City, town, or county) (State) Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 - 1952	
REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutan Rd	
ADDRESS	

1701
Poplar Grove

NOTED
RECEIVED
JAN 10 1901

52 4267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4267

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MRS. ANNA DEJULIUS

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUnion Memorial Hosp.
Balto. Md.c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13

8-04

d. STREET ADDRESS (If rural, give location)

2235 E. Federal St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec 23, 1888

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mr. Vince Regimentti

14. MOTHER'S MAIDEN NAME

Celeste (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Union Memorial Hosp record

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive arteriosclerosis
cardiovascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1952, to May 2, 1952, that I last saw the
deceased alive on May 2, 1952, and that death occurred at 10:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Lease D. Hubbard

M. D.

23B. ADDRESS

Union Memorial Hosp.
Balto. Md.

23C. DATE SIGNED

May 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 6th 1952

24C. NAME OF CEMETERY OR CREMATORY

New Leatherside

24D. LOCATION (City, town, or county)

Edmondson Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Lee & Leach

ADDRESS

1703 N. Patterson Park Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Or, 35 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4268

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Mary Antoinette Adrasse

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONSt. Joseph's Hospital
1400 N. Caroline St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give
township)

Balto.

10-01

c. Length of stay in Baltimore

6 mos.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

501 E. Chase St. #2

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 9, 1896

9. AGE (In years,
last birthday)

56

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother M. Theresa 501 E Chase St.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Ovary

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Lung

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from March 6, 1952 to May 2, 1952, that I last saw the
deceased alive on May 2, 1952, and that death occurred at 10:55 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

May 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemo

24D. LOCATION (City, town, or county)

Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

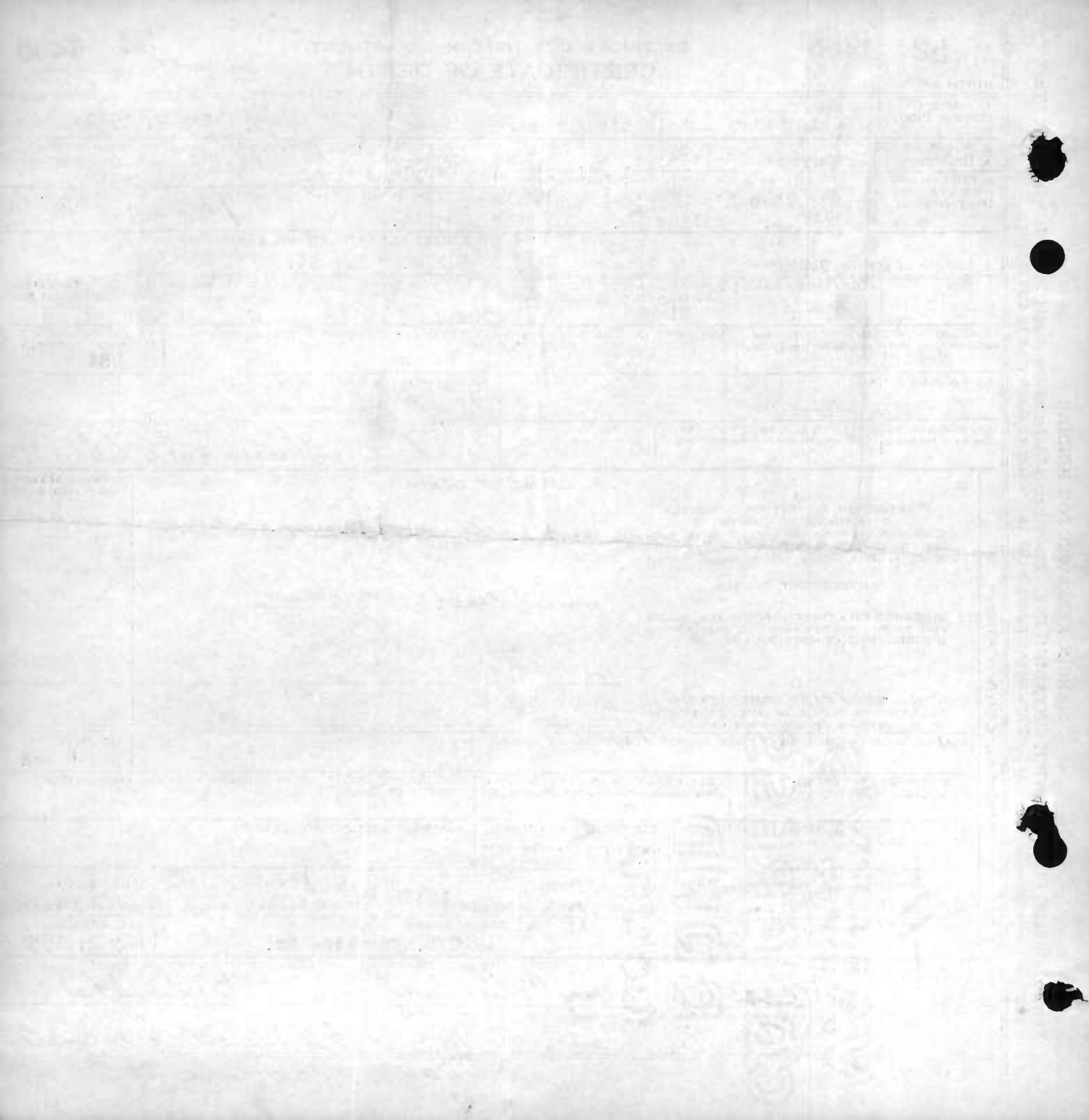
MAY 5 - 1952

Huntington Williams, M.D.

Mrs. Art. A. Ellard & Daughter

VS 150

1129 N. Caroline St.



52 4269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4269
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOSES

MORRIS

2. DATE
OF
DEATH

May 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

429 N. Durham Street

c. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 2 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Storekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Morris 1806 N. Washington St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive and arteriosclerotic
DUE TO cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley G. M. D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 3 1952

Huntington Williams

Max F. A. Ellis & Son

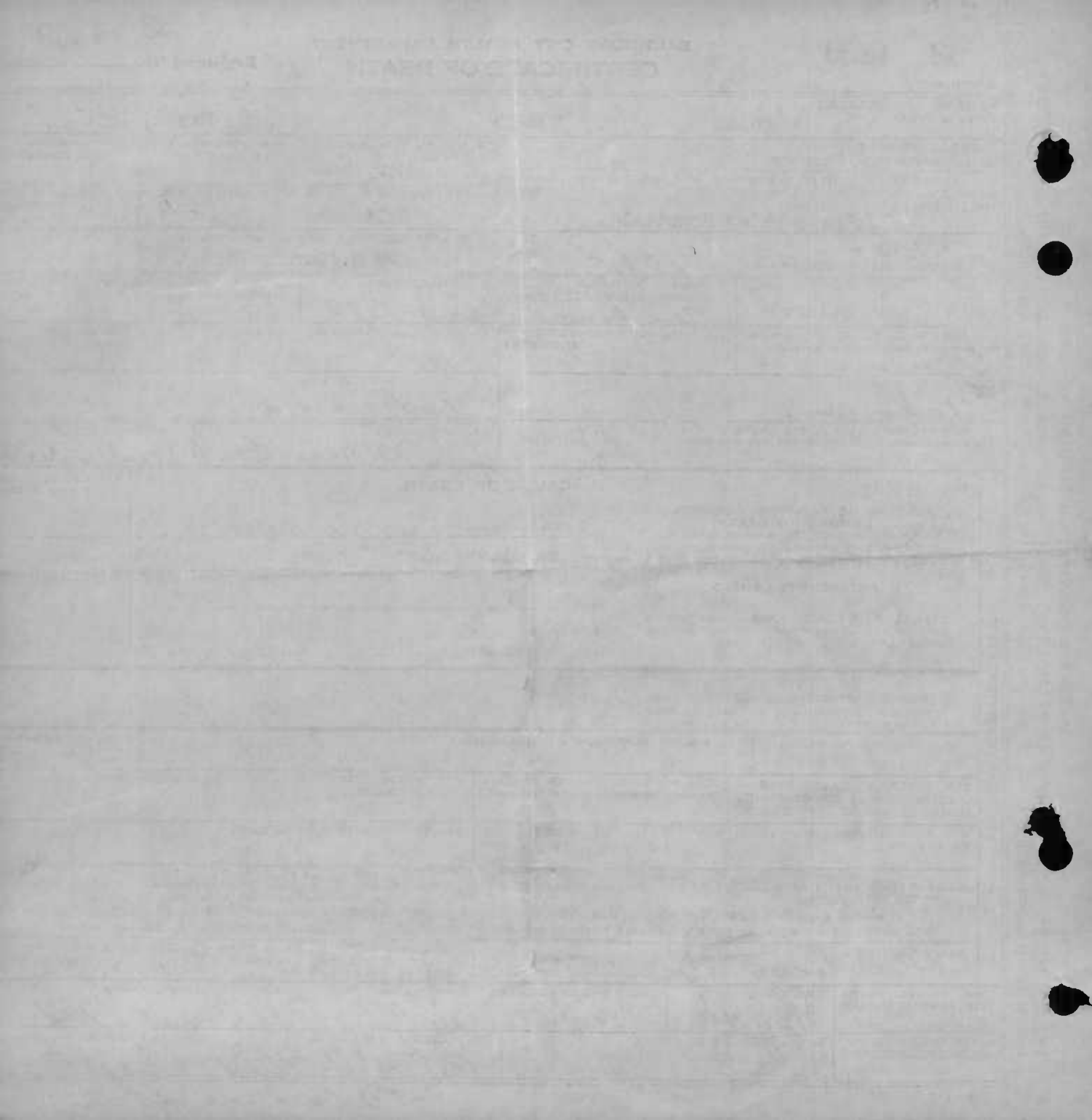
VS 151

99055

1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LENA AMBY (ANDY)

2. DATE
OF
DEATH

MAY 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1922 N. BENTALOU STREET -16

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1922 NORTH BENTALOU STREET -16

C. Length of stay in Baltimore

Life

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 23, 1882 70

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM ASKINS

14. MOTHER'S MAIDEN NAME

ALBERTA HILLARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

MAUDE C. DEAN-1622 N. BENTALOU ST.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Greenia

DUE TO

Chr Cardio-Cerebral Vascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Lyp.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1952, to May 2, 1952, that I last saw the
deceased alive on May 2, 1952 and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Roy Berry

M. D.

23B. ADDRESS

1420 EAST CHASE STREET

23C. DATE SIGNED

May 4 '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEMORIAL PARK

24D. LOCATION (City, town, or county)

ARBUTUS, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 - 1952

REGISTRAR'S SIGNATURE

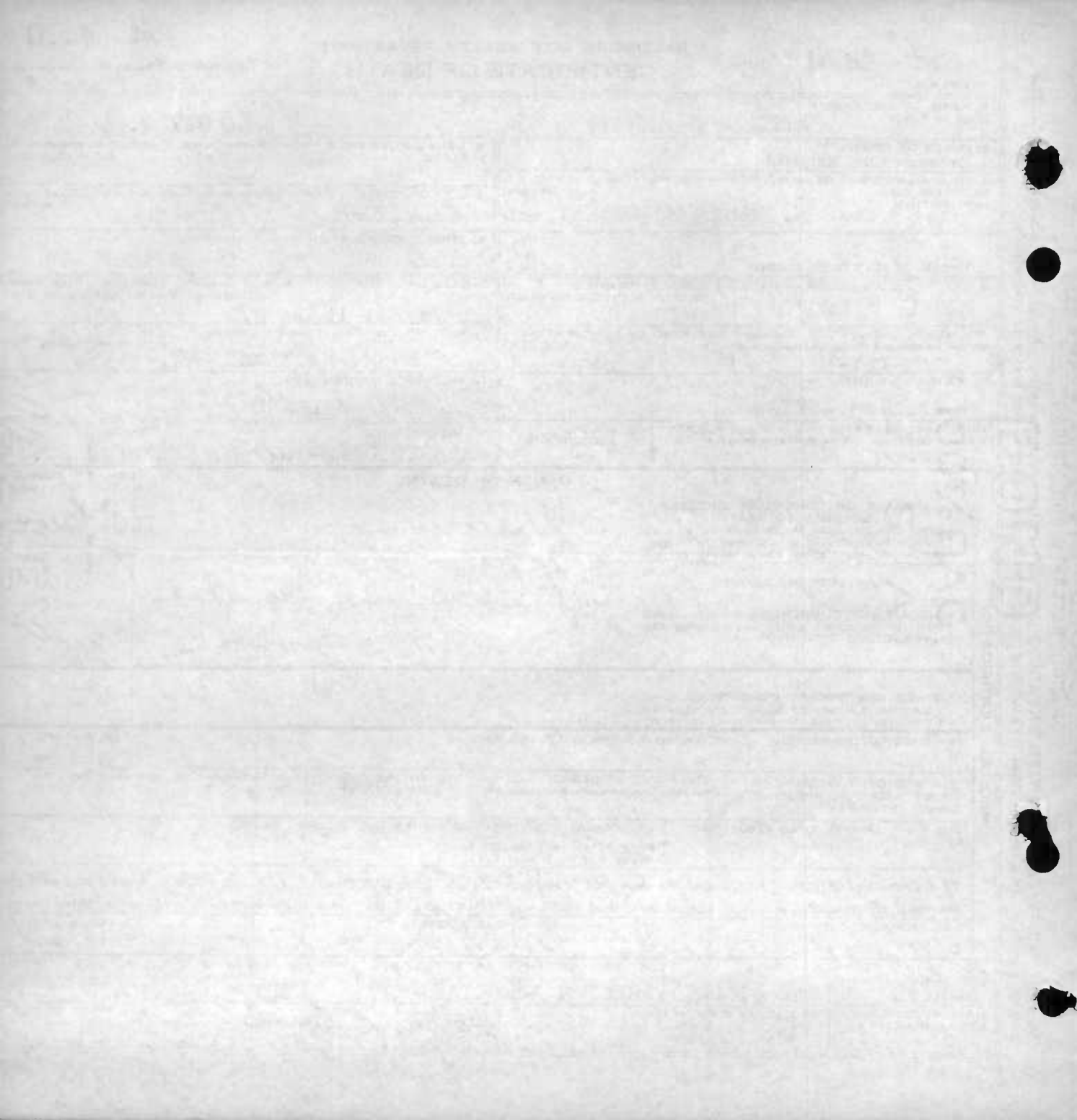
Huntington Williams

25. FUNERAL DIRECTOR

Edgar L. Lynch

ADDRESS

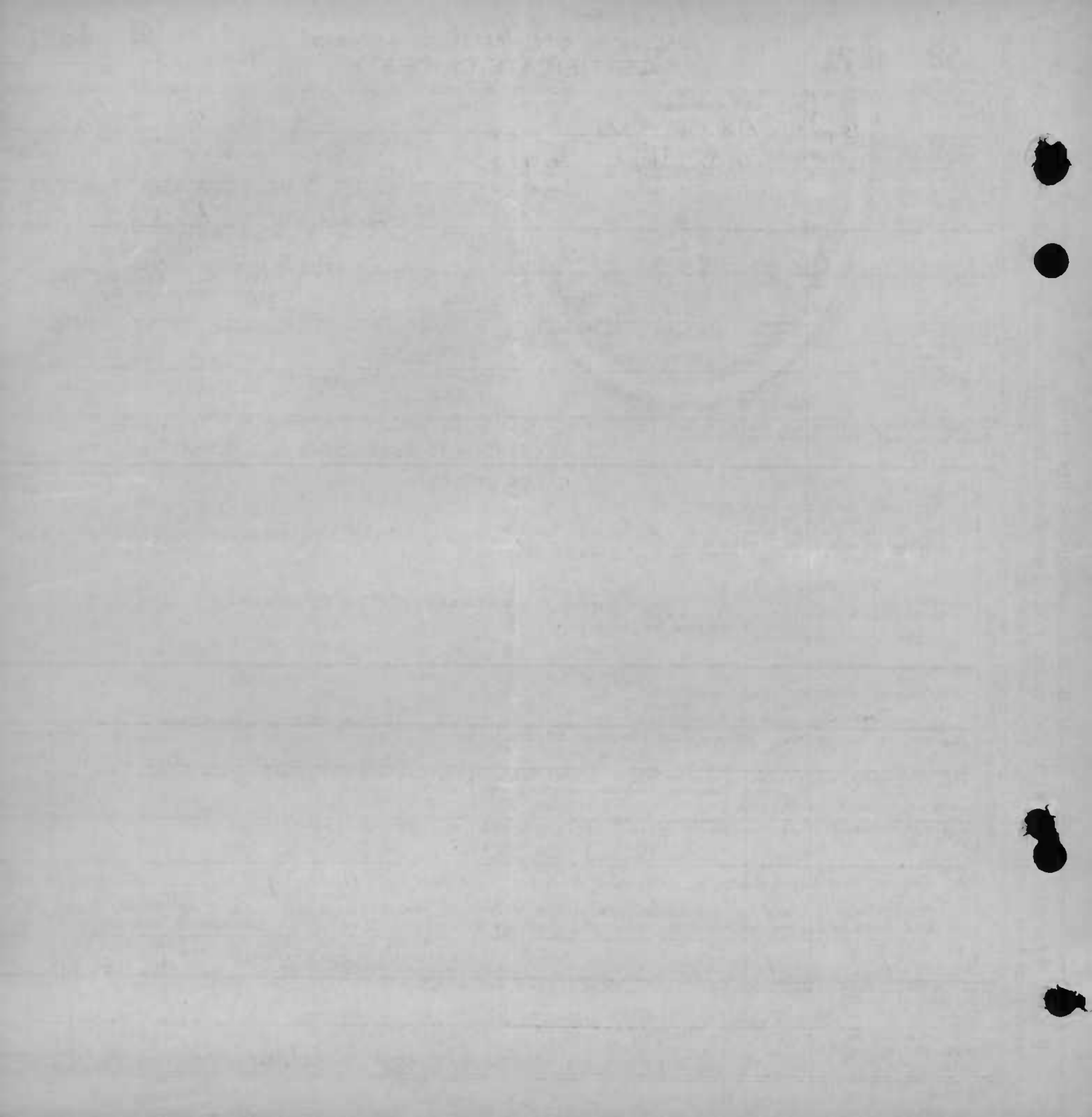
2463 DRUID HILL AVE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 52 4271				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 4271	
1. NAME OF DECEASED (Type or Print) <u>Stephen Kazmierski</u>				2. DATE OF DEATH <u>May 3, '52</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Solms Hopkins Hosp.</u> B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 24 1-03</u> D. STREET ADDRESS (If rural, give location) <u>522 South Montford Ave</u>			
c. Length of stay in Baltimore <u>Unknown</u>				Yrs. Mos. Days			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 19, 1895</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Longshoremen</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Stevedore</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>		9. AGE (in years last birthday) <u>57</u> H Under 1 Year Months: <u>1</u> Days: <u>14</u> H Under 24 Hours Hours: <u>14</u> Min.	
13. FATHER'S NAME <u>Unknown</u>				12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>214-01-0741</u>		17. INFORMANT ADDRESS <u>Sophie Kazmierski 522 S. Montford Ave</u>			
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Coronary Occlusion</u> DUE TO ANTECEDENT CAUSES (B) <u>Generalized Arteriosclerosis</u> DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <u>William H. Weber</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <u>May 4, 1952</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 7, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>German Hill Rd, Balto, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 5 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>George A. Weber</u>		ADDRESS <u>705 S. Penn St</u>	
VS 151				94/055			



B-346

52 4272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4272

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Butler

2. DATE

OF

DEATH May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1213 Argyle Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1213 Argyle Ave.

C. Length of stay in Baltimore

40 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 15, 1886

9. AGE (in years last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Isaac Butler

14. MOTHER'S MAIDEN NAME

Catherine

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Hairston-1213 Argyle Ave.

18. 446x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis & hepatitis
(Cerebral hemorrhage)

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1948 to May 4, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 3 a. m. from the causes and on the date stated above.

23A. SIGNATURE

John S. J. Puffer

23B. ADDRESS

639 N. Carey St. Balto

23C. DATE SIGNED

5-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Holland Funeral Home-1631 Druid Hill

ADDRESS

Ave.

VS 150

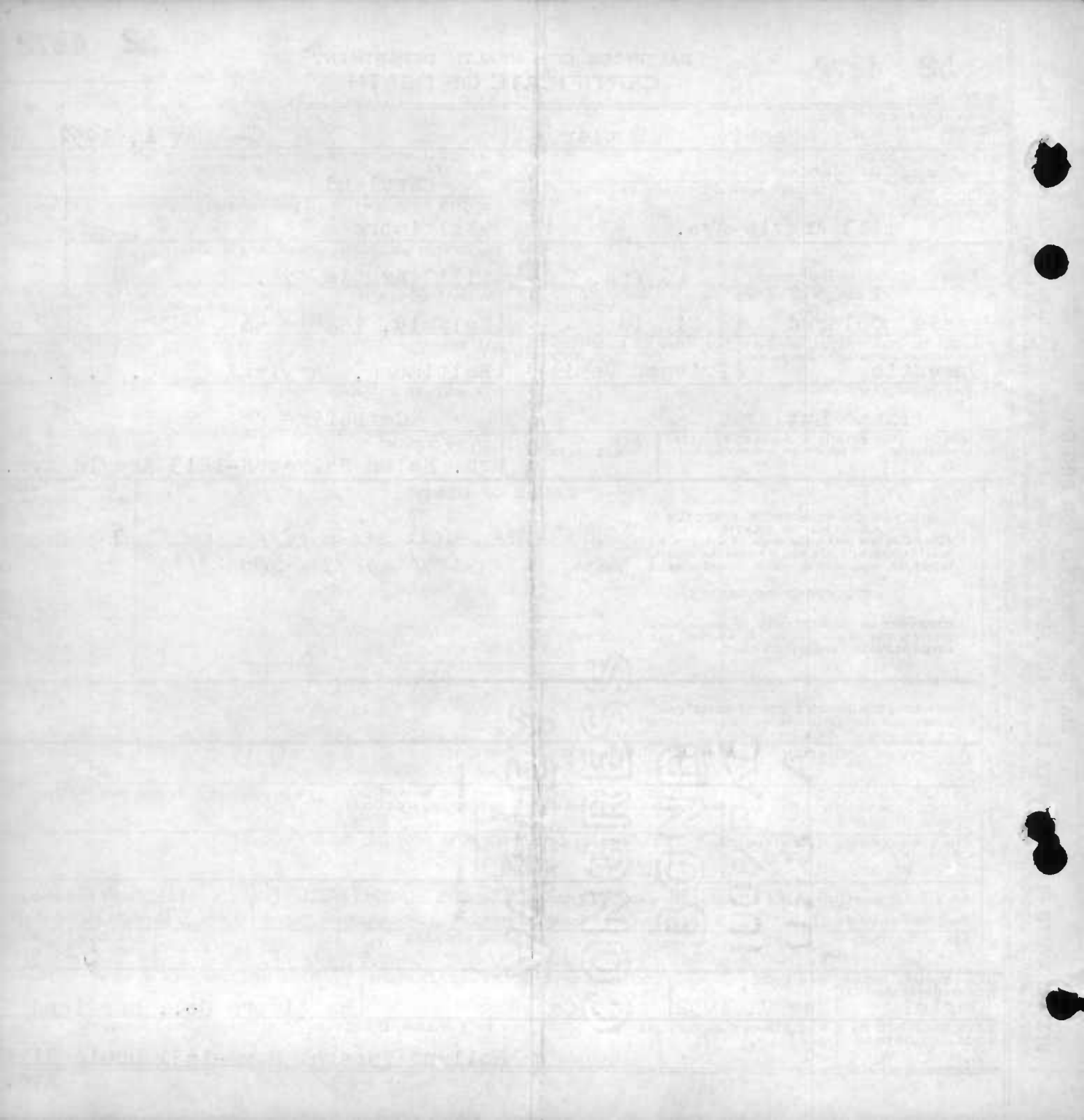
7208A 70

Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 4273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4273

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAURICE CLAY FRANKLIN

2. DATE
OF
DEATH

5/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

(FERNDALE) Glen Burnie, P.O.

D. STREET ADDRESS (If rural, give location)

18 EUGENIA AVE

C. Length of stay in Baltimore 28 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

FEB 15 1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GRANT FRANKLIN

14. MOTHER'S MAIDEN NAME

ANNA BATSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.
578-03-6204A

17. INFORMANT

ADDRESS

MRS NOLA FRANKLIN (WIFE) SAME

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CIRRHOSIS OF LIVER

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 6, 1952 to MAY 3, 1952, that I last saw the
deceased alive on MAY 3, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

M. O.

23B. ADDRESS

Union Memorial Hg

23C. DATE SIGNED

5-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thomas W. Singleton, Glen Burnie, Md.

FOR THE DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4274

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Michael Torani

2. DATE
OF
DEATH

May 4 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

108 St Albans Way

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

108 St. Albans Way

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 15, 1873

9. AGE (in years
last birthday)

78

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Cement

11. BIRTHPLACE (State or foreign country)

Turin, Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Christopher Torani

14. MOTHER'S MAIDEN NAME

Margaret Barbaris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

no

16. SOCIAL
SECURITY NO.

217-09-7836

17. INFORMANT

Charles J. Ciotti

ADDRESS

Same

18.

181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(1) Primary Carcinoma
of BladderINTERVAL BETWEEN
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Thrombosis

4 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from - March - , 1938, to May - 4 - , 1952, that I last saw the
deceased alive on May - 3 - , 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chamber

M. D.

23B. ADDRESS

4108 Liberty Hts. C.

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Vincent de Paul Cem. Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Henry W. Jenkins & Sons Co., Inc.

ADDRESS

4905 York Rd., Balto., Md.

Dr. Chambers
4108 Liberty St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4275
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD K. O'CONNELL

2. DATE
OF
DEATH

MAY 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2930 N. Calvert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.R. and township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2930 N. Calvert St.

c. Length of stay in Baltimore

30 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

5-25-1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Coast Guard

10B. KIND OF BUSINESS OR
INDUSTRY

Inspector

11. BIRTHPLACE (State or foreign country)

Boston Mass.

12. CITIZEN OF
WHAT COUNTRY

USA

13. FATHER'S NAME

William D. O'Connell

14. MOTHER'S MAIDEN NAME

Margaret Kwese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

(If yes, give war or dates of service)

WW 1 -

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helen E. O'Connell 2930 N. Calvert

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection + Inquiry from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE,

Francis Januszewski

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

5-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-6-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Maternal

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

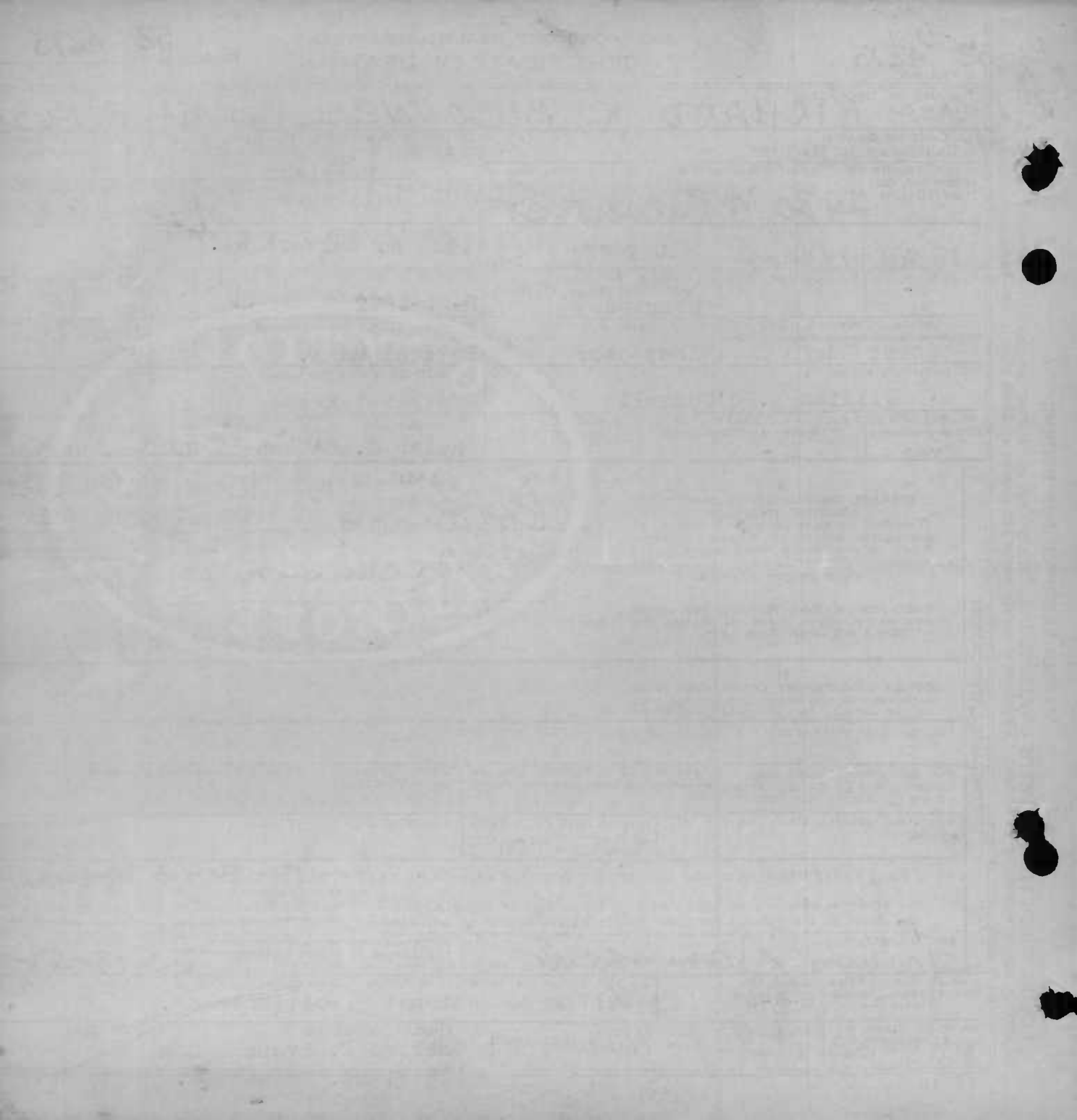
Charles F. Evans & Son

118 W. Mt. Royal Ave.

VS 151

595 91

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



H-325
AB-147214BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4276

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewis Hudson

2. DATE
OF
DEATH

May 2-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-
4940 Eastern Ave.

c. Length of stay in Baltimore

11 yrs

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 21-1903

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

R. R. R.

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Hudson

(Dec.

14. MOTHER'S MAIDEN NAME

Fannie Belton

(Dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.17. INFORMANT'S ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

✓

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

4 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-1951 to 5-2-1952, 1952 that I last saw the
deceased alive on 5-2-1952, and that death occurred at 12.45AM from the causes and on the date stated above.

23A. SIGNATURE

H. C. Cogan

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

May 2-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbushes Memorial

24D. LOCATION (City, town, or county)

Arbushes

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams, Schreder St.

ADDRESS

322X

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CENTRAL CASE OF DEATH

Case No. 100-100000

DATE OF DEATH: 10-10-1960

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

PLACE OF BIRTH: [REDACTED]

EDUCATION: [REDACTED]

EMPLOYMENT: [REDACTED]

RESIDENCE: [REDACTED]

RELIGION: [REDACTED]

DATE OF DEATH: 10-10-1960

PLACE OF DEATH: [REDACTED]

CAUSE OF DEATH: [REDACTED]

MANNER OF DEATH: [REDACTED]

DATE OF DEATH: 10-10-1960

PLACE OF DEATH: [REDACTED]

CAUSE OF DEATH: [REDACTED]

MANNER OF DEATH: [REDACTED]

DATE OF DEATH: 10-10-1960

PLACE OF DEATH: [REDACTED]

CAUSE OF DEATH: [REDACTED]

MANNER OF DEATH: [REDACTED]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

335
52 4277

TO BE APPROVED BY MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4277

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LOUIS R. WATKINS		2. DATE OF DEATH May 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2325 W. North Avenue			
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/22/90	9. AGE (In years last birthday) 61	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Isaac Watkins		14. MOTHER'S MAIDEN NAME Florence ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WWI- USA		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 421.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Mitral insufficiency with pulmonary edema DUE TO _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) Ruptured chorda tendinae, mitral valve DUE TO _____		Unknown	
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 2, 1952 , to May 2, 1952 , that I last saw the deceased alive on May 2, 1952 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick, Medical Officer in Charge		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 5/2/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 6, 1952		24C. NAME OF CEMETERY OR CREMATORY Balto National Cem	
24D. LOCATION (City, town, or county) (State) Balto		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 5 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Mr. Kate R. Williams		24H. ADDRESS 3224		24I. SIGNATURE Schroeder	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4278

BIRTH NO. 52 4278

1. NAME OF DECEASED (Type or Print) <u>Chester Hagwood</u>			2. DATE OF DEATH <u>May 3 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>10-01</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1129 Somerset St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>9 months</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1129 Somerset St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-16-1885</u>	9. AGE (In years last birthday) <u>66</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Industrial Laborer Tobacco Factory</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Maysville South Carolina</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>UNKNOWN</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>242-09-7403</u>		
17. INFORMANT <u>Margaret Johnson</u>			ADDRESS <u>1129 Somerset St.</u>		

18. 156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-7-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Randolph J. Collick

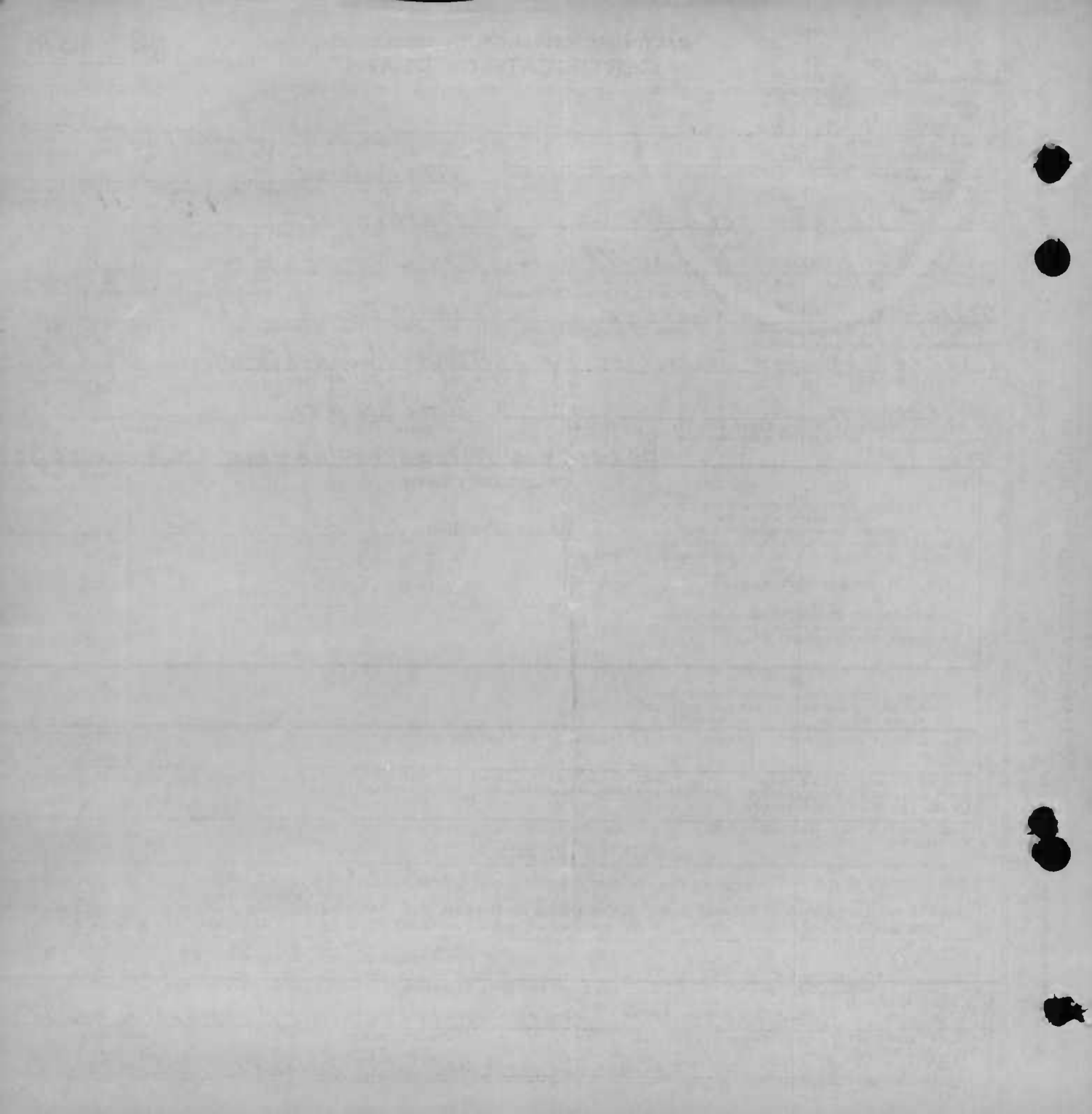
ADDRESS

1412 E. Preston St.

V S 151

9704A

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4279**

52 4279
BIRTH NO. **52-05517**

1. NAME OF DECEASED (Type or Print) Weichert, Marianne			2. DATE OF DEATH May 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 1 mo. 26 da.			D. STREET ADDRESS (If rural, give location) 707 S. Lakewood Ave.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 8, 1952		9. AGE (In years last birthday) 1 26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Henry Weichert			14. MOTHER'S MAIDEN NAME Frieda Anna Paries		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Immaturity XXXXX			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Gastric dilatation, acute					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 8 , 19 52 to May 4 , 19 52 that I last saw the deceased alive on March 4 , 19 52 . and that death occurred at 3:10a. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Baldwin		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED May 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-5-52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Balto-Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Lily & Gith		ADDRESS 403 S. Wolf St	

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1913

OFFICE OF THE
DIRECTOR

RECEIVED

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

1913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4280

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth C. Ochs,

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3133 Virginia Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

3133 Virginia Ave.,

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 5, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Wills

14. MOTHER'S MAIDEN NAME

Theresa Hook

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Walter, 700 Greenwood Rd. Pikesville,

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

Mar 31/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 31, 1952, to May 4, 1952, that I last saw the
deceased alive on May 4, 1952 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4803 Park Heights Ave.

23C. DATE SIGNED

May 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 7 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Vernon Lemon, 4611 Park Heights Ave.

MAY 5 - 1952

1. Name of the person or organization		2. Address		3. City		4. State		5. Zip	
6. Date of birth		7. Date of death		8. Date of burial		9. Date of cremation		10. Date of interment	
11. Name of the person or organization		12. Address		13. City		14. State		15. Zip	
16. Date of birth		17. Date of death		18. Date of burial		19. Date of cremation		20. Date of interment	
21. Name of the person or organization		22. Address		23. City		24. State		25. Zip	
26. Date of birth		27. Date of death		28. Date of burial		29. Date of cremation		30. Date of interment	
31. Name of the person or organization		32. Address		33. City		34. State		35. Zip	
36. Date of birth		37. Date of death		38. Date of burial		39. Date of cremation		40. Date of interment	
41. Name of the person or organization		42. Address		43. City		44. State		45. Zip	
46. Date of birth		47. Date of death		48. Date of burial		49. Date of cremation		50. Date of interment	
51. Name of the person or organization		52. Address		53. City		54. State		55. Zip	
56. Date of birth		57. Date of death		58. Date of burial		59. Date of cremation		60. Date of interment	
61. Name of the person or organization		62. Address		63. City		64. State		65. Zip	
66. Date of birth		67. Date of death		68. Date of burial		69. Date of cremation		70. Date of interment	
71. Name of the person or organization		72. Address		73. City		74. State		75. Zip	
76. Date of birth		77. Date of death		78. Date of burial		79. Date of cremation		80. Date of interment	
81. Name of the person or organization		82. Address		83. City		84. State		85. Zip	
86. Date of birth		87. Date of death		88. Date of burial		89. Date of cremation		90. Date of interment	
91. Name of the person or organization		92. Address		93. City		94. State		95. Zip	
96. Date of birth		97. Date of death		98. Date of burial		99. Date of cremation		100. Date of interment	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4281

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leuberta Jones

2. DATE
OF
DEATH

May 3 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived/If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore Gen Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

23-01

D. STREET ADDRESS (If rural, give location)

1548 S. Sharp St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

3-25-1910

9. AGE (In years
last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Homemaker

11. BIRTHPLACE (State or foreign country)

Smithfield Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Merritt Holaway - Holloway

14. MOTHER'S MAIDEN NAME

Rosa Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Otelita Hamblin 1548 S. Sharp St.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Gen. Arteriosclerosis

DUE TO

(C) Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....
23C. DATE SIGNED
May 4 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cnty

24D. LOCATION (City, town, or county)

Balto.

DATE RECEIVED BY
LOCAL REGISTRAR

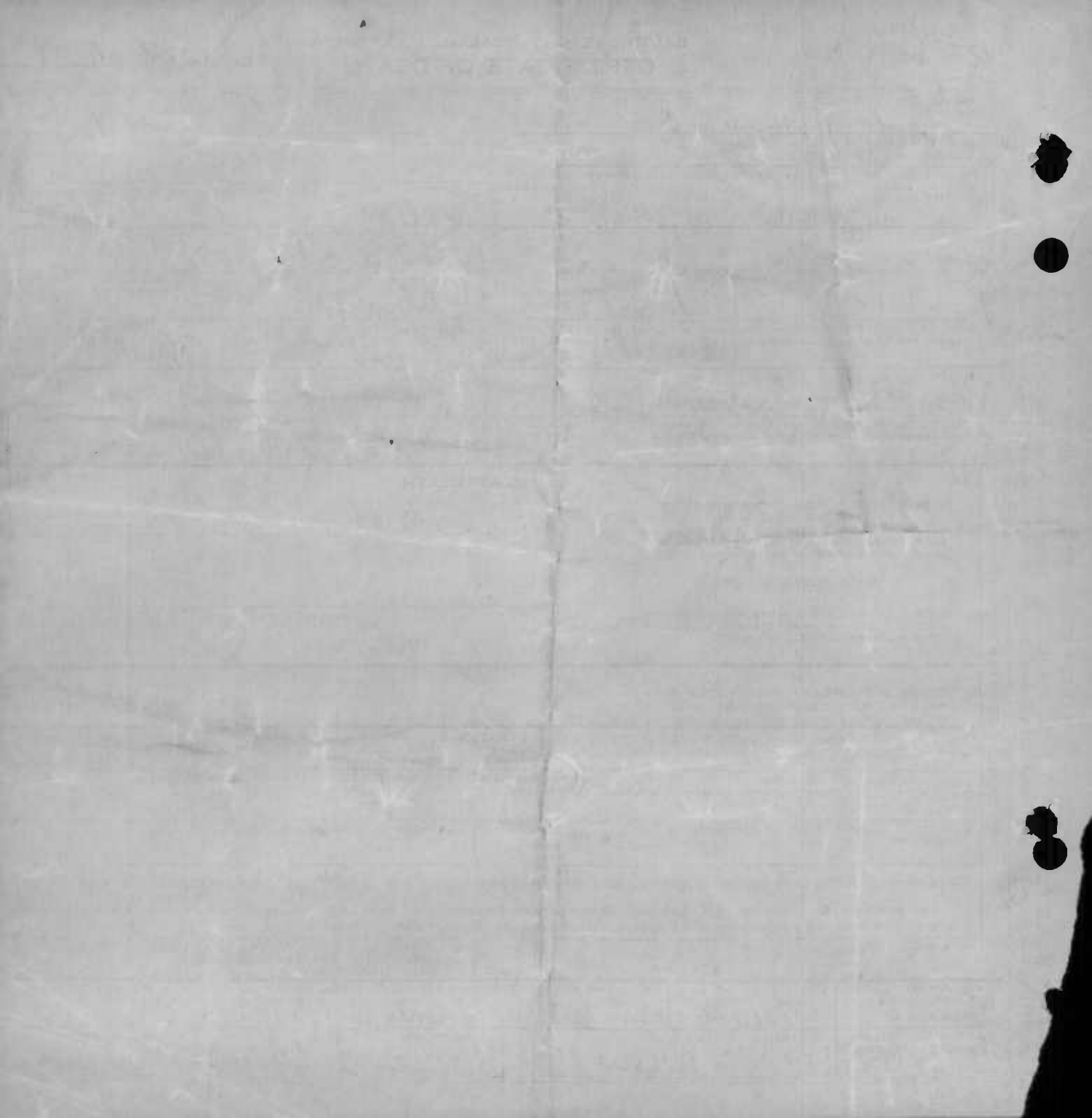
REGISTRAR'S SIGNATURE

MAY 5 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walter B. Spriggs - 139 W. ...



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4282

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) LILLIE MARY LEGAR2. DATE
OF DEATH MAY 4, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION HOSP. for the WOMEN of MARYLANDC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE E300c. Length of stay in Baltimore 70 Yrs. 11 Mos. 1 DaysD. STREET ADDRESS (If rural, give location)
220 GAYWOOD ROAD5. SEX F6. COLOR OR RACE WHITE7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED8. DATE OF BIRTH NOV. 10, 18819. AGE (In years last birthday) 70

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
MARYLAND12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

JAMES ALBERT JACOBS

14. MOTHER'S MAIDEN NAME

MARY ELIZABETH BURNS15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT (HUSBAND)
MR. VAUGHN O. LEGARADDRESS
(SAME)1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) CORONARY THROMBOSIS & POST. MYOCARDIAL INFARCTION
DUE TO6 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE-ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE
DUE TO?? YEARS

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from APRIL 30, 1952 to MAY 4, 1952, that I last saw the deceased alive on MAY 4, 1952, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5/7/5224C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cem.24D. LOCATION (City, town, or county)
Balto., Md.

(State)

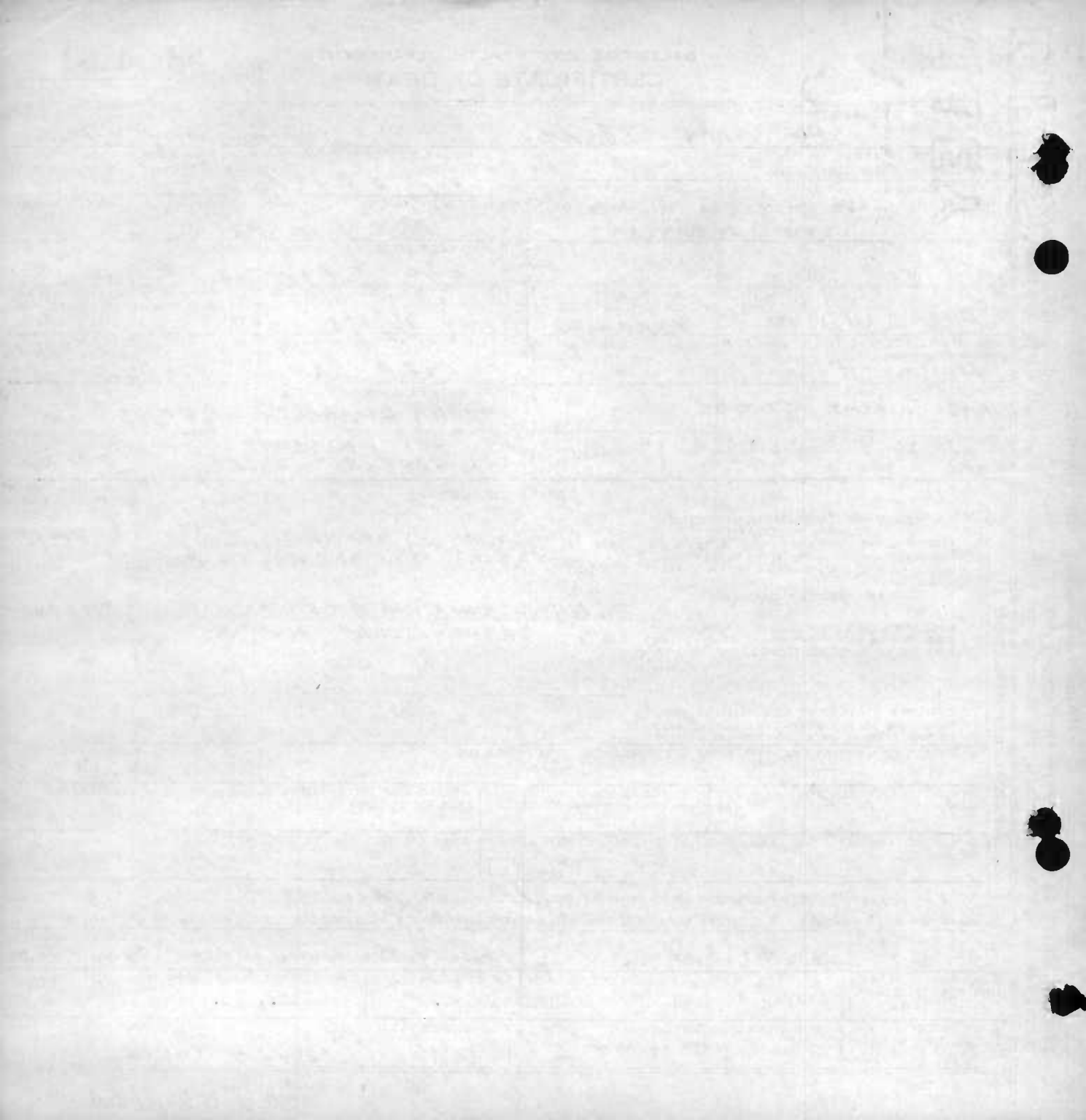
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1952Huntington Williams, Jr.Wm. J. Pickens & SonsBalto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4283

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH A. KINSEY

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Hood Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

15-10

D. STREET ADDRESS (If rural, give location)

3825 Penhurst Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 18, 1865

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick A. Burns

14. MOTHER'S MAIDEN NAME

Margaret (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Allan S. Kinsey 3825 Penhurst Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Myocarditis and
Arterio Sclerosis

3 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1951, to May 4, 1952, that I last saw the
deceased alive on May 2, 1952, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Farson

M. D.

23B. ADDRESS

1711 Selma Ave - 27 -

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 5 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

26m. J. Dickner & Sons

Balto 17 Md

1231

600

CHARTERED BY THE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4284**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. WAREHEIM

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)
Md.B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)
1812 N. Payson St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1812 N. Payson St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 10, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Carpenter (rtd)10B. KIND OF BUSINESS OR
INDUSTRY
?11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Wareheim

14. MOTHER'S MAIDEN NAME

Mary Bollinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
218-10-228317. INFORMANT ADDRESS
Mrs. William E. Wareheim - 1812 N. Payson

18. 420.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Angina Pectoris

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

hypertension

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK ☒ NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1950, to 5/4/52, that I last saw the
deceased alive on 5/3/52, and that death occurred at 645 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1952

Huntington Williams, Jr.

Wm. J. Lickner & Sons

Balto 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Signature of physician	
13. Signature of registrar		14. Signature of informant		15. Date of registration		16. Registrar's office	
17. Signature of funeral director		18. Signature of undertaker		19. Signature of cemetery		20. Signature of burial place	
21. Signature of coroner		22. Signature of medical examiner		23. Signature of health officer		24. Signature of city clerk	
25. Signature of city treasurer		26. Signature of city auditor		27. Signature of city engineer		28. Signature of city assessor	
29. Signature of city solicitor		30. Signature of city clerk		31. Signature of city treasurer		32. Signature of city auditor	
33. Signature of city engineer		34. Signature of city assessor		35. Signature of city solicitor		36. Signature of city clerk	
37. Signature of city treasurer		38. Signature of city auditor		39. Signature of city engineer		40. Signature of city assessor	
41. Signature of city solicitor		42. Signature of city clerk		43. Signature of city treasurer		44. Signature of city auditor	
45. Signature of city engineer		46. Signature of city assessor		47. Signature of city solicitor		48. Signature of city clerk	
49. Signature of city treasurer		50. Signature of city auditor		51. Signature of city engineer		52. Signature of city assessor	
53. Signature of city solicitor		54. Signature of city clerk		55. Signature of city treasurer		56. Signature of city auditor	
57. Signature of city engineer		58. Signature of city assessor		59. Signature of city solicitor		60. Signature of city clerk	
61. Signature of city treasurer		62. Signature of city auditor		63. Signature of city engineer		64. Signature of city assessor	
65. Signature of city solicitor		66. Signature of city clerk		67. Signature of city treasurer		68. Signature of city auditor	
69. Signature of city engineer		70. Signature of city assessor		71. Signature of city solicitor		72. Signature of city clerk	
73. Signature of city treasurer		74. Signature of city auditor		75. Signature of city engineer		76. Signature of city assessor	
77. Signature of city solicitor		78. Signature of city clerk		79. Signature of city treasurer		80. Signature of city auditor	
81. Signature of city engineer		82. Signature of city assessor		83. Signature of city solicitor		84. Signature of city clerk	
85. Signature of city treasurer		86. Signature of city auditor		87. Signature of city engineer		88. Signature of city assessor	
89. Signature of city solicitor		90. Signature of city clerk		91. Signature of city treasurer		92. Signature of city auditor	
93. Signature of city engineer		94. Signature of city assessor		95. Signature of city solicitor		96. Signature of city clerk	
97. Signature of city treasurer		98. Signature of city auditor		99. Signature of city engineer		100. Signature of city assessor	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4285**

BIRTH NO. **320 4285**

1. NAME OF DECEASED (Type or Print) James Norman Matthews		2. DATE OF DEATH 5-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1420 Carrol St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1420 Carrol St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/15/02
9. AGE (In years last birthday) 49		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Odd Jobs	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Remus H. Matthews		14. MOTHER'S MAIDEN NAME Malinda Gardner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Beatrice Matthews		ADDRESS 1420 Carrol St.	

18. **002X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH
1956

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 15, 1954**, to **5-3, 1954**, that I last saw the deceased alive on **5-2, 1954**, and that death occurred at **8 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
5-6-52

24C. NAME OF CEMETERY OR CREMATORY
Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
MAY 5 - 1952

REGISTRAR'S SIGNATURE
Charles R. Law

25. FUNERAL DIRECTOR

ADDRESS

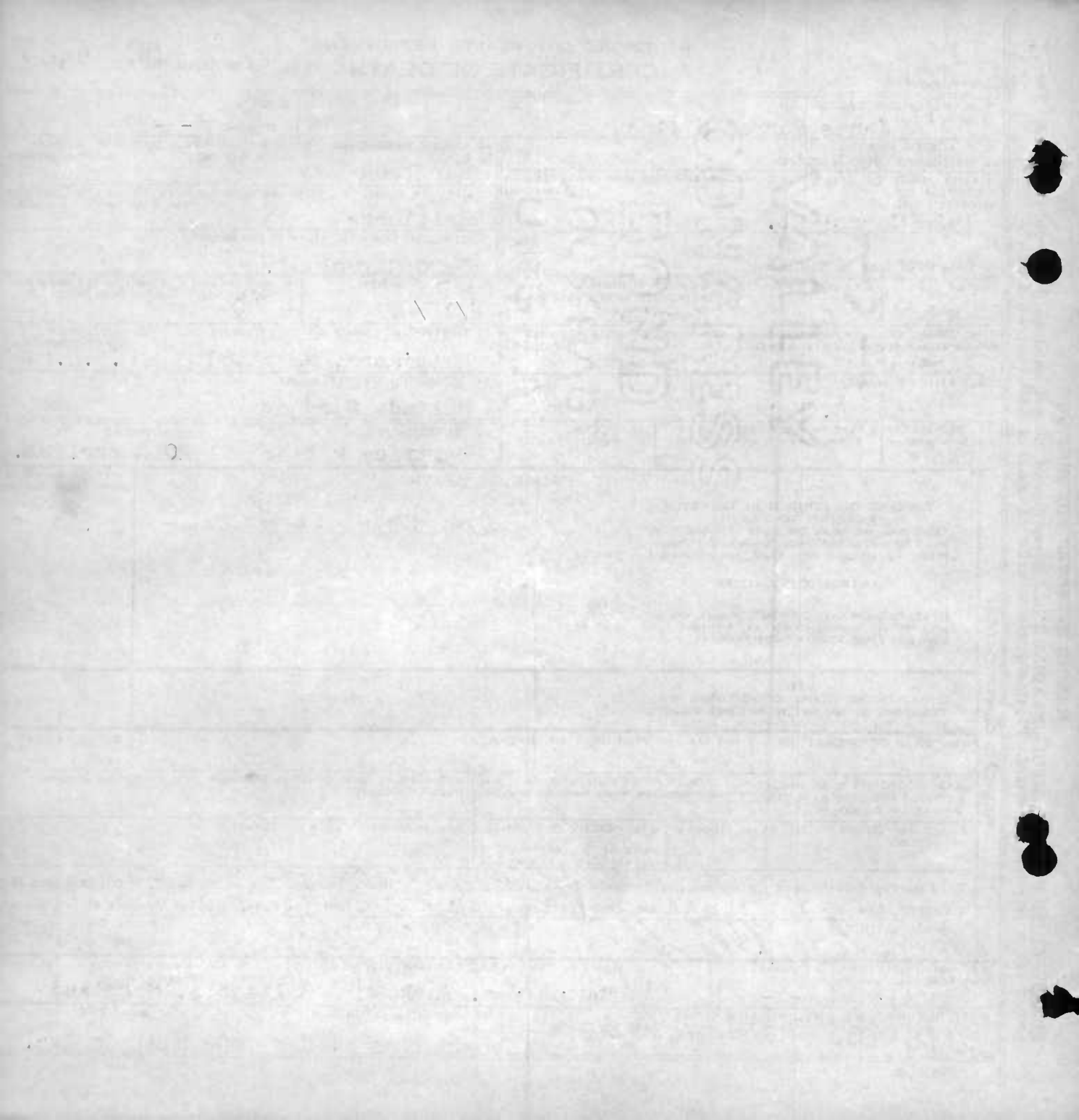
Charles R. Law 802 Madison Ave.

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4286

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mason Clogg Sr.

2. DATE
OF
DEATH

May 3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2819 Rosaline Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

c. Length of stay in Baltimore

60 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2819 Rosaline Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 22 1889

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Advertising

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. News. Post

13. FATHER'S NAME

James Clogg

NEWSPAPER

14. MOTHER'S MAIDEN NAME

Nellie Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

1907

16. SOCIAL
SECURITY NO.

578-09-9207 Mary R. Clogg 2819 Rosaline Ave

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

Several hours

ANTECEDENT CAUSES

(B)

DUE TO

Hypertensive CVD

Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3 1952, to 5-3 1952, that I last saw the
deceased alive on 5-3 1952, and that death occurred at 3:14 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Hibiscus M. D.

23B. ADDRESS

8400 Rock Haven Rd

23C. DATE SIGNED

5-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAY 6 1952

PARKWOOD CEMETERY

TAYLOR AVE

MD

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

MAY 5 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Suppl. Bldg.

7110 BELAIR RD.

VS 150

2904m

L1 Pira

8160 Lach. 17

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4287
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD B. MULLER

2. DATE
OF
DEATH May 2, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5007 Park Heights Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

Nov. 19, 1944

9. AGE (In years
last birthday)

7

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward F. Muller

14. MOTHER'S MAIDEN NAME

June E. Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward F. Muller 1018 Darley Ave

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple contusions of head, chest,
and abdomen with intraperitoneal
hemorrhage

ANTECEDENT CAUSES

(B) Fracture of femur

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Park Heights and Oakley Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 2, 1952 12:30 P. m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

May 6/52

24D. LOCATION (City, town, or county)

Cathedral Tom

(State)

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Loring Rogers

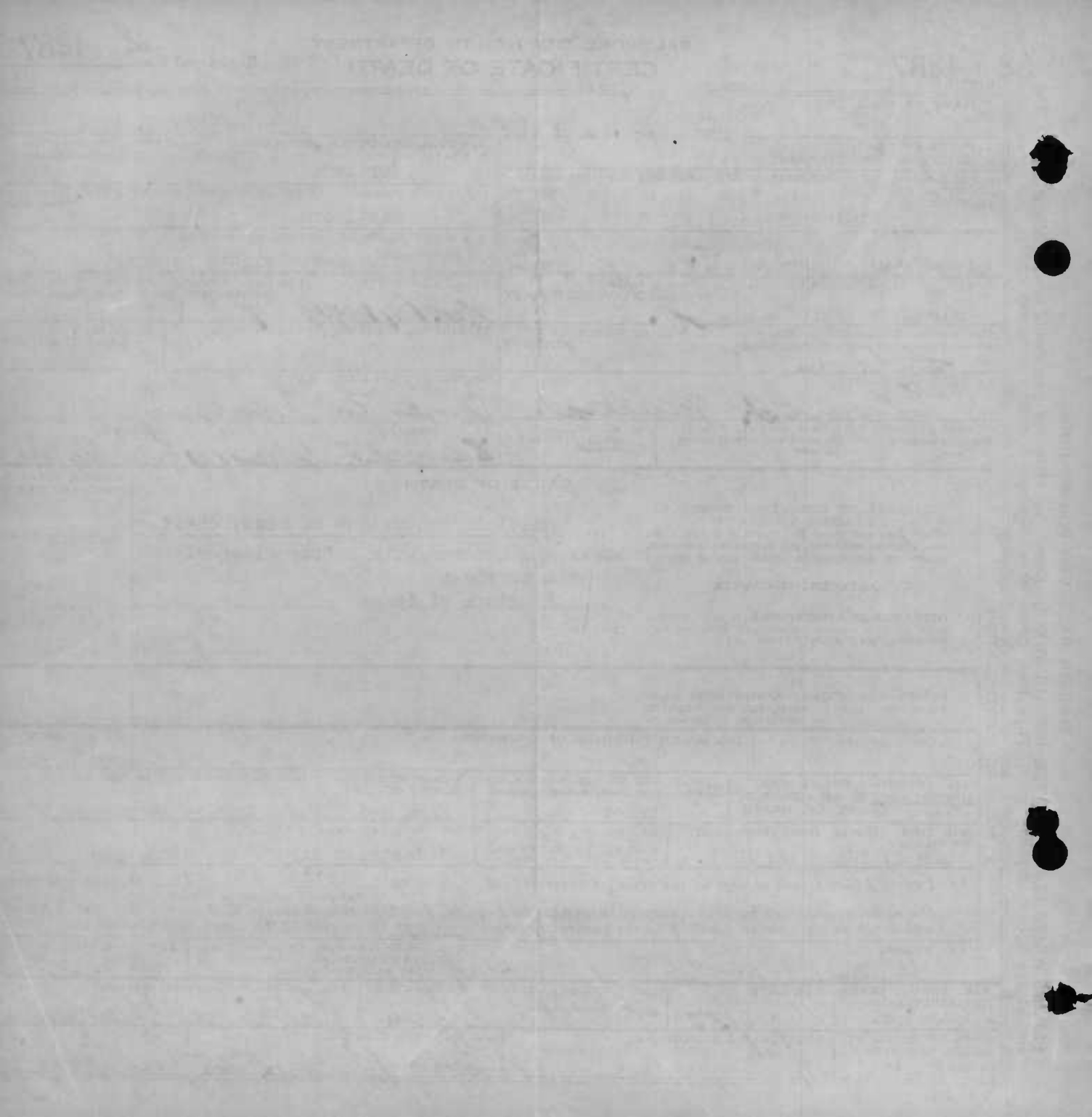
ADDRESS

5005 Park Heights

MAY 5 - 1952

VS 151

N 821.2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4288BIRTH NO. 52 4288

1. NAME OF DECEASED (Type or Print) <u>Annie R. Lowry</u>		2. DATE OF DEATH <u>May 3, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Calvert</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>6413 Sefton Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27-05</u>	
c. Length of stay in Baltimore Yrs. <u>00</u> Mos. <u>00</u> Days <u>00</u>		D. STREET ADDRESS (If rural, give location) <u>6413 Sefton Ave</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 4 1879</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In year, last birthday) <u>73</u>
11. BIRTHPLACE (State or foreign country) <u>Balto.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George O. Evans</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth O'Dell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Mrs. Marie Bonis</u>		ADDRESS <u>Same</u>	

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis26 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis1 year

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Elizabeth A. Mortimer Jr. M. D.2706 St Paul St5/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial5-7-52ParkwoodTaylor AveMd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1952Huntington WilliamsMildred J. Bleight6009 Bayford Rd

8031 25 1938

REPUBLIC OF DEATH

8031 25 1938

VATTE

antimicrobial

to help you

to help you

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4289

BIRTH NO. 657619

1. NAME OF DECEASED
(Type or Print) James R Dyer

2. DATE OF DEATH May 3 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Union Memorial

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3311 Cardenas Avenue

c. Length of stay in Baltimore

5. SEX male v 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single v

8. DATE OF BIRTH Sept. 20, 1946 9. AGE (In years last birthday) 5 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
James Harold Dyer

14. MOTHER'S MAIDEN NAME
Alma J. Leight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Alma J. Dyer, 3311 Cardenas Ave

18. E 8/2.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Fracture of Pelvis
(B) Retroperitoneal Hemorrhage
(C) Fractures Rt Femur Left Radius + Ulna

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
In front of 2408 Erdman Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 2, 1952 3p.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
pedestrian struck by auto.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
William V. Howard

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 4 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
5/1/52

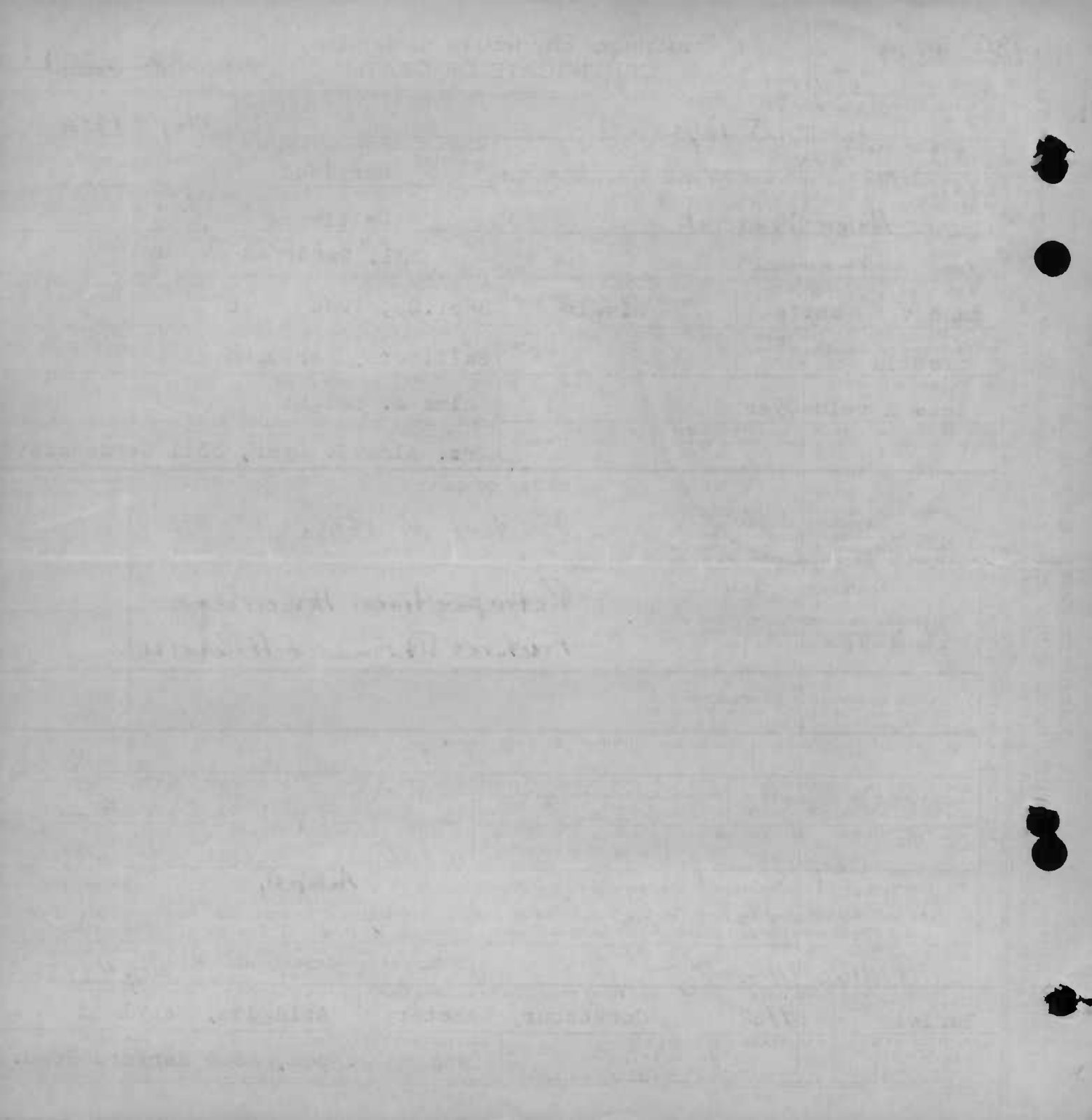
24C. NAME OF CEMETERY OR CREMATORY
Cookesbury Cemetery

24D. LOCATION (City, town, or county) (State)
Abingdon, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
MAY 5 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR ADDRESS
Leonard J. Ruck, 5305 Harford Road.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4290**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAZEL LUCILLE PHIPPS

2. DATE
OF
DEATH

5-3-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. Length of stay in Baltimore

8. STREET ADDRESS (If rural, give location)

1916 Oak Hill Avenue

9. SEX

F

10. COLOR OR RACE

W

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

12. DATE OF BIRTH

Mar 6, 1892

13. AGE (In years last birthday)

55

14. Under 1 Year

Months: Days

15. Under 24 Hours

Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

17. KIND OF BUSINESS OR INDUSTRY

Wohlmut Co.

18. BIRTHPLACE (State or foreign country)

Maryland

19. CITIZEN OF WHAT COUNTRY?

USA

20. FATHER'S NAME

Charles Wade

21. MOTHER'S MAIDEN NAME

Katherine Youngman

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS
Miss Mary E. Phipps, 5726 Onnen Rd.

25. 420.0

26. CAUSE OF DEATH

27. INTERVAL BETWEEN ONSET AND DEATH

28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

29. DUE TO

(A) Myocardial Infarction 2 da

30. ANTECEDENT CAUSES

31. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

32. DUE TO

(B) Arteriosclerotic Heart Disease ?

33. II

34. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes Mellitus

35. ?

36. 19A. DATE OF OPERATION

37. 19B. MAJOR FINDINGS OF OPERATION

38. 20. AUTOPSY?

YES ☐ NO ☐

39. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

40. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

41. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

42. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

43. 21E. INJURY OCCURRED

44. 21F. HOW DID INJURY OCCUR?

45. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

46. 22. I hereby certify that I attended the deceased from **5-2**, 19**52**, **5-3**, 19**52**, that I last saw the deceased alive on **5-3**, 19**52**, and that death occurred at **11:35 Am.**, from the causes and on the date stated above.

47. 23A. SIGNATURE

H. S. Green, Jr.

48. 23B. ADDRESS

Union Memorial Hosp.

49. 23C. DATE SIGNED

5-3-52

50. 24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

51. 24B. DATE

5-6-52

52. 24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

53. 24D. LOCATION (City, town, or county)

Baltimore, Maryland

54. DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 - 1952

55. REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

56. 25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 42911. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LABORER

STEEL (M)

14. MOTHER'S M maiden NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Bronchogenic carcinoma

8-10 mo.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4-30, 1952, to 5-2, 1952, that I last saw the
deceased alive on 5-2, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.23A. SIGNATURE
Thomas Franklin Williams M. D.23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1952

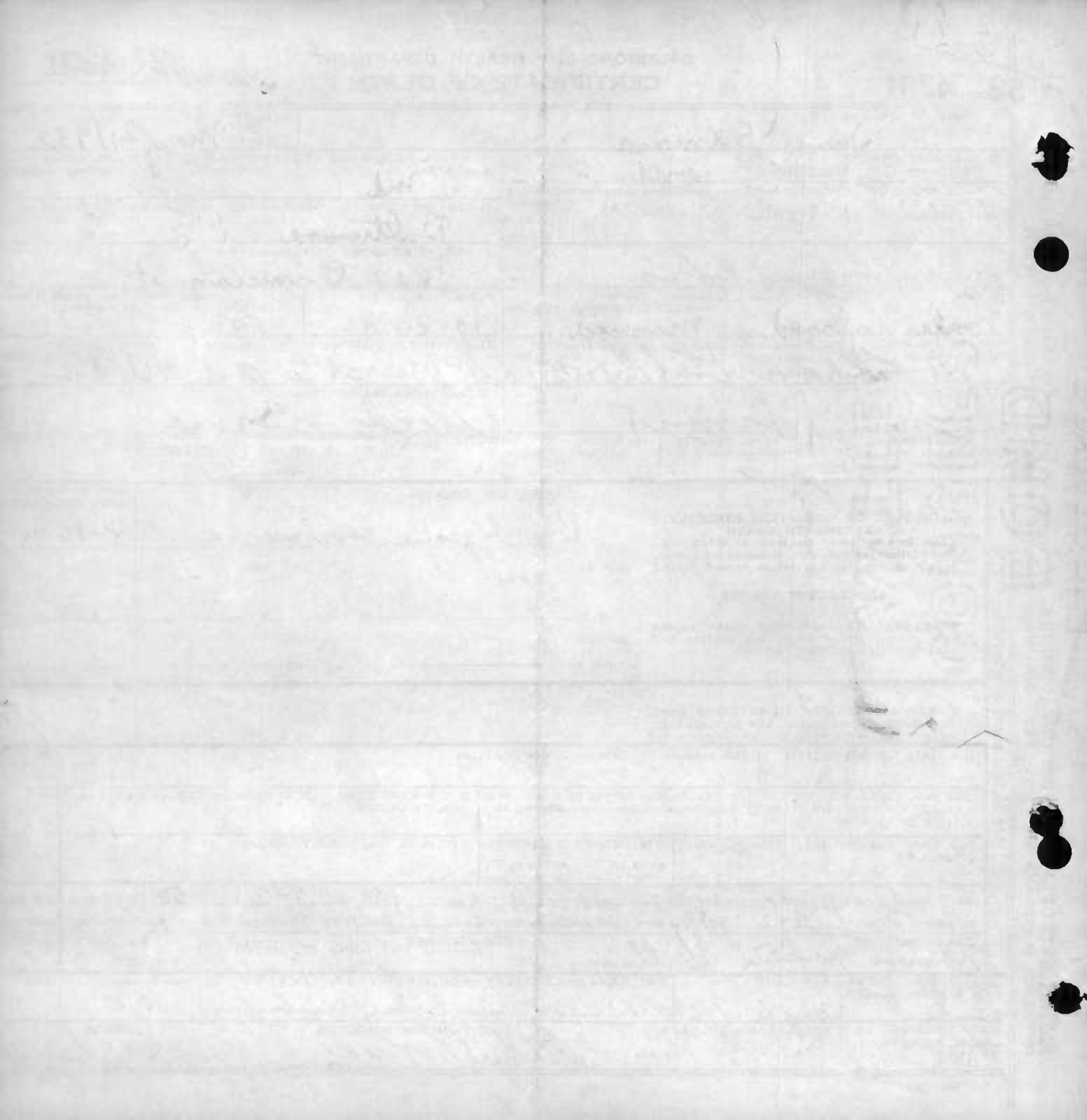
Huntington Williams

Dr. F. Williams

1575 W. Eldon St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4292
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Elliott

2. DATE
OF
DEATH

May 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1208 Mosher St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female

Col.

Widow

April 23, 1886

66

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

Elizabeth City, N.C.

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Rufus Jernigan

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Vera Cornpon 1208 Mosher St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

4 hr

ANTECEDENT CAUSES

(B) A H C V D

DUE TO

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

vas

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 2, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

May McDonald

M. D.

894 N Carey St

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 6, 1952

Abertus Memorial

Abertus

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1952

Huntington Williams

Mrs Leticia R. Williams

Schneider St.

MINISTRE DE LA SANTE
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of witness	
13. Signature of family		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of health department		17. Signature of police		18. Signature of other officials	
19. Signature of other officials		20. Signature of other officials		21. Signature of other officials	
22. Signature of other officials		23. Signature of other officials		24. Signature of other officials	
25. Signature of other officials		26. Signature of other officials		27. Signature of other officials	
28. Signature of other officials		29. Signature of other officials		30. Signature of other officials	
31. Signature of other officials		32. Signature of other officials		33. Signature of other officials	
34. Signature of other officials		35. Signature of other officials		36. Signature of other officials	
37. Signature of other officials		38. Signature of other officials		39. Signature of other officials	
40. Signature of other officials		41. Signature of other officials		42. Signature of other officials	
43. Signature of other officials		44. Signature of other officials		45. Signature of other officials	
46. Signature of other officials		47. Signature of other officials		48. Signature of other officials	
49. Signature of other officials		50. Signature of other officials		51. Signature of other officials	
52. Signature of other officials		53. Signature of other officials		54. Signature of other officials	
55. Signature of other officials		56. Signature of other officials		57. Signature of other officials	
58. Signature of other officials		59. Signature of other officials		60. Signature of other officials	
61. Signature of other officials		62. Signature of other officials		63. Signature of other officials	
64. Signature of other officials		65. Signature of other officials		66. Signature of other officials	
67. Signature of other officials		68. Signature of other officials		69. Signature of other officials	
70. Signature of other officials		71. Signature of other officials		72. Signature of other officials	
73. Signature of other officials		74. Signature of other officials		75. Signature of other officials	
76. Signature of other officials		77. Signature of other officials		78. Signature of other officials	
79. Signature of other officials		80. Signature of other officials		81. Signature of other officials	
82. Signature of other officials		83. Signature of other officials		84. Signature of other officials	
85. Signature of other officials		86. Signature of other officials		87. Signature of other officials	
88. Signature of other officials		89. Signature of other officials		90. Signature of other officials	
91. Signature of other officials		92. Signature of other officials		93. Signature of other officials	
94. Signature of other officials		95. Signature of other officials		96. Signature of other officials	
97. Signature of other officials		98. Signature of other officials		99. Signature of other officials	
100. Signature of other officials		101. Signature of other officials		102. Signature of other officials	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4293

BIRTH NO. 52 4293

1. NAME OF DECEASED
(Type or Print)

ANDREW J. EASTER, JR.

2. DATE
OF DEATH May 5, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-05

D. STREET ADDRESS (If rural, give location)

2910 Reisterstown Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 23, 1919

9. AGE (In years last birthday)

33

Under 1 Year
Months: Days:# Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cab driver

10B. KIND OF BUSINESS OR INDUSTRY

Diamond Cab Company

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Andrew J. Easter, Sr.

14. MOTHER'S MAIDEN NAME

Edythe McIver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Andrew J. Easter, Jr., 2910 Reisters

ADDRESS town Rd.

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., lo or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 8

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 6 - 1952

REGISTRAR'S SIGNATURE

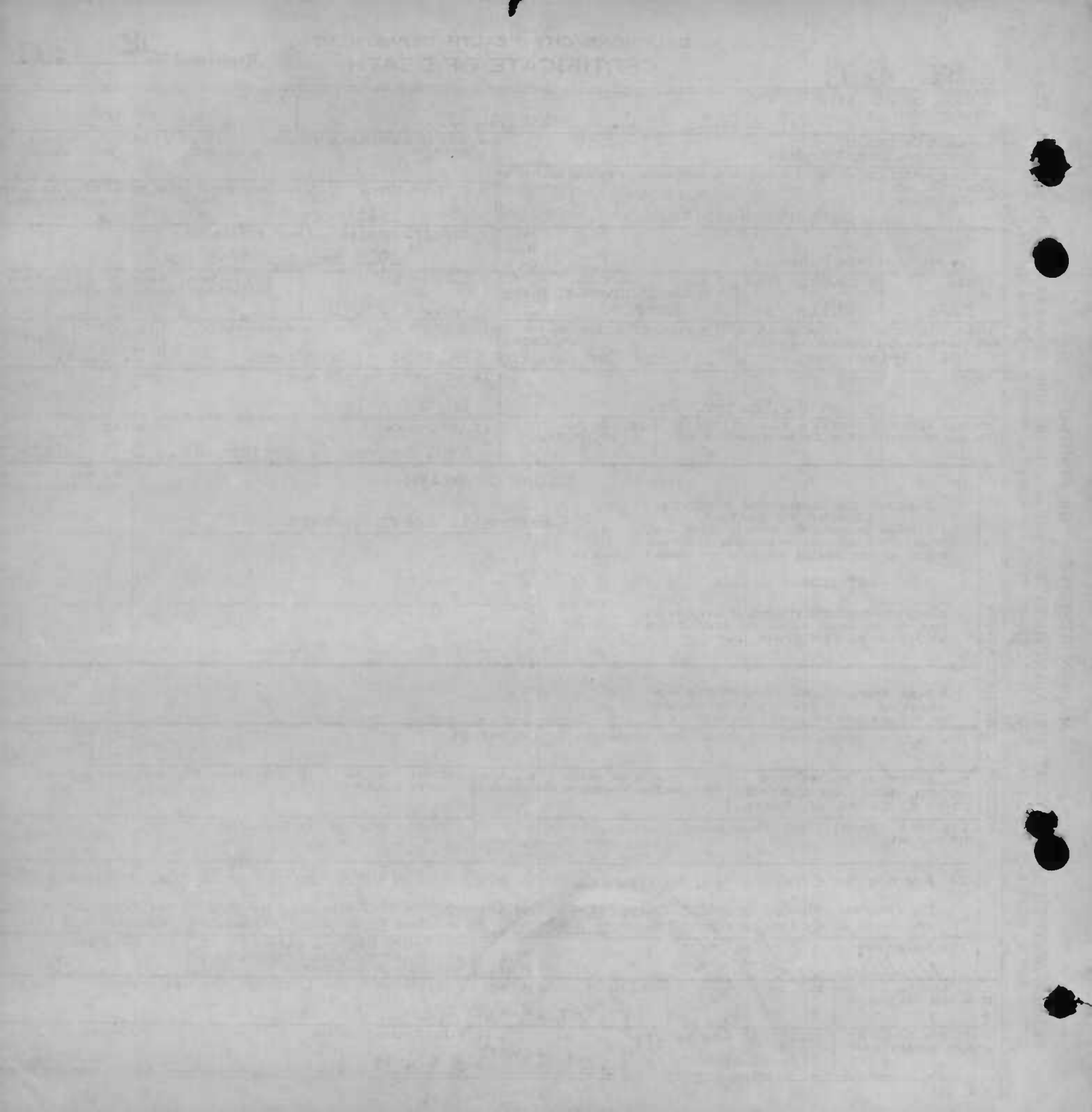
Huntington Williams

25. FUNERAL DIRECTOR

J. J. J. J. J.

ADDRESS

7-7401 Bldg



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4294BIRTH NO. 52 42941. NAME OF DECEASED
(Type or Print)Rose M. Malwitz2. DATE
OF
DEATHMay 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION4616 St Thomas Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4616 St Thomas Ave

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)At Home10B. KIND OF BUSINESS OR
INDUSTRYHousewife

11. BIRTHPLACE (State or foreign country)

Balto. City12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Albrecht Vogt

14. MOTHER'S MAIDEN NAME

Wilhelmina Gronn.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.None

17. INFORMANT

ADDRESS

Mr. Leonard Malwitz 4616 St Thomas Ave18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lymphatic LeukemiaINTERVAL BETWEEN
ONSET AND DEATH4 years +
11 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to May 5, 1952, that I last saw the
deceased alive on May 4, 1952, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

J. Harding

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

5/5/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial5/7/52Parkwood CenBaltomdMAY 6 - 1952Huntington Williams, 15th Avenue Funeral Home 7401 Belair Rd

Dr Harding
3805 Belair Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4295
BIRTH NO.

52 4295

1. NAME OF DECEASED (Type or Print) <i>Catherine V. Cremen</i>			2. DATE OF DEATH <i>5/3/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5604 Magnolia Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-19</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>5604 Magnolia Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 29, 1876</i>	9. AGE (In years last birthday) <i>75</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Matthew J. O'Neill</i>			14. MOTHER'S MAIDEN NAME <i>Anna Mooney</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Robert Cremen</i>			ADDRESS <i>5604 Magnolia Ave.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Artery Thrombosis</i> (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>11 days</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i> (B) DUE TO					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec</i> , 19 <i>41</i> , to <i>May 3</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>May 3</i> , 19 <i>52</i> , and that death occurred at <i>8:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. McCallum</i>		23B. ADDRESS <i>3321 Frederick Ave</i>		23C. DATE SIGNED <i>5/5/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>5/7/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>M. Faherty Sons</i> ADDRESS <i>401 SUFFOLK Rd.</i>			

Dr. Collins
3321 Woodward Ave.
St. 6/12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4296

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBUR C. Granville

2. DATE
OF
DEATH

May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

903 S. Fagley Street

26-09

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6/28/14

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Gunther Brewery

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Granville

14. MOTHER'S MAIDEN NAME

Elizabeth Noble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

May L. Granville 903 S. Fagley St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunsicker

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann 1639 Broadway

VS 151

68046

CERTIFICATE OF DEATH

DATE OF DEATH



PLACE OF DEATH

DEPT. OF HEALTH

A 352

52 4297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4297

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Gertrude Adams

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1113 N. Stockton St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1113 N. Stockton St

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec 1903

9. AGE (in years
last birth day)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Warley Bradley

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
Joseph Adams 1113 N. Stockton

ADDRESS

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28-1952, to 5-3-1952, that I last saw the deceased alive on 5-3-1952, and that death occurred at 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Burial

5/8/52

Mt Auburn

Balto Md

8-6-1952

Huntington Williams, Jr.

Geo. H. Nelson 1303

Presbyterian St

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

5/1/12
The H. H. Brown Co.
Presidents

6-636

52 4298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4298

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALBERT CARTER		May 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01			
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1606 N. Gilmer Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/1/1885	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Albert Carter, Sr.		14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Estella Carter 1606 N. Gilmer St.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X Carcinoma of the Stomach		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A)			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley K. Dineen		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 5/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/8/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1303 Presalma St.	

V S 151

780 99

1303 Presalma St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NEW YORK

1900

John H. ...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jennie Gisriel

2. DATE
OF
DEATH

May 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Colonial Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Colonial Nursing Home 4506 Frederick Rd

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Formerly 939 Forrest St

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Gisriel

14. MOTHER'S MAIDEN NAME

Martha Coyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY OCCLUSION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HY PERTENSIVE CORONARY VASCULAR

DUE TO

(C)

DISEASE & LEFT SIDED WEAKNESS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952 to 5/3, 1952, that I last saw the deceased alive on 5/3, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 1952

Huntington Williams, M.D.

Rita Wiederfeld 900 E. Biddle St

DEPARTMENT OF HEALTH OF ALABAMA
CERTIFICATE OF DEATH

1955

DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH

ICD-9 CODE
ICD-9 CODE

ICD-9 CODE

ICD-9 CODE

ICD-9 CODE

ICD-9 CODE

ICD-9 CODE

W-430

52 4300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4300

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Grace Wilhide

2. DATE
OF
DEATH

May 4th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 440 Random Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-31

D. STREET ADDRESS (If rural, give location)

440 Random Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 2 1887

9. AGE (in years,
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Webster Unger

14. MOTHER'S MAIDEN NAME

? Topper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mr. Arthur Wilhide

ADDRESS

Same

18.

170x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

2-3 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of breast, left.

2 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept. 1950

19B. MAJOR FINDINGS OF OPERATION

Cancer left breast with axillary metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950, to May 4 1952, that I last saw the
deceased alive on Apr. 30, 1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. W. Cunningham M. D.

23B. ADDRESS

11 E. Chase St. Baltimore

23C. DATE SIGNED

5-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

United Bretheran

24D. LOCATION (City, town, or county)

Thurmont Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. L. Meager & Son

ADDRESS

Thurmont Md

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

GRANDCHILDREN

PROBATION

RECORDS

STATISTICS

REPORTS

INVESTIGATIONS

LABORATORY

CLINICAL

PHYSIOLOGY

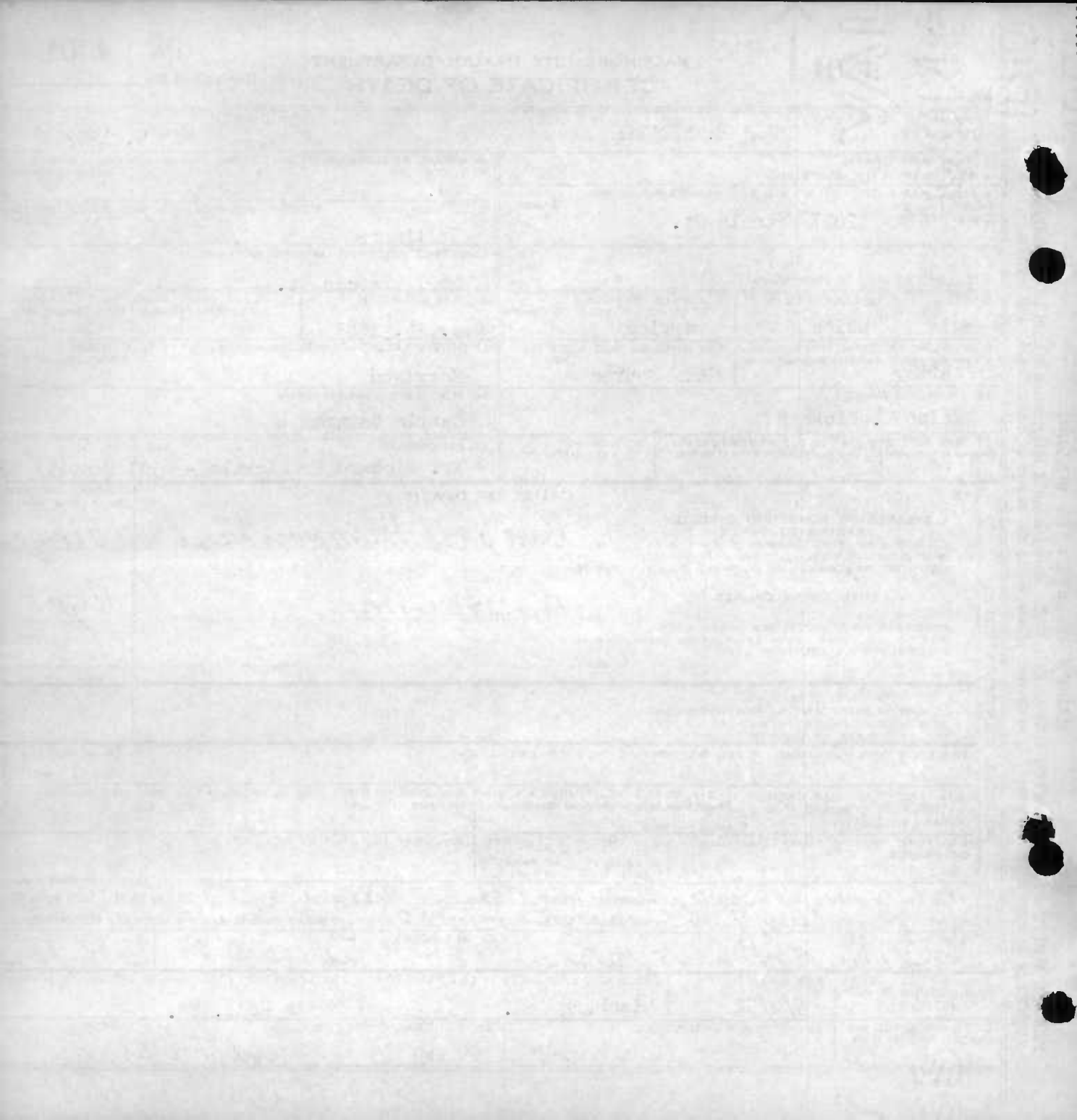
PATHOLOGY

PHARMACOLOGY

TOXICOLOGY

ANTHROPOLOGY

ETHNOLOGY



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROLAND VIVIAN PHILLIPS

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

335 Ilchester Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

335 Ilchester Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 1, 1888

9. AGE (In years
last birthday)

64

11 Under 1 Year
Months Days12 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Investigator

10B. MAIN BUSINESS OR
INDUSTRYMd. State
Comptroller

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vivian Phillips

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jeanne French - 335 Ilchester Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Essential Hypertension

DUE TO

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arterio-sclerosis

DUE TO

?

(C) Coronary Thrombosis

May 4, 1952

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from OCT. 1951, to MAY 4, 1952, that I last saw the
deceased alive on ABOUT APRIL 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Ralph G. Hills

M. D.

23B. ADDRESS

18 E Eagle St Balto 22nd

23C. DATE SIGNED

MAY 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. J. Tiekner & Sons

ADDRESS

Balto 17, Md.

CERTIFICATE OF DEATH

AND OF CAUSE

NAME OF DECEASED

RESIDENCE OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF REGISTRAR

SIGNATURE OF WITNESSES

SIGNATURE OF MEDICAL OFFICER

SIGNATURE OF CLERK

SIGNATURE OF CHURCH OFFICER

SIGNATURE OF BURIAL OFFICER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 52 4303

BIRTH NO. 52 4303	
1. NAME OF DECEASED (Type or Print) JAMES O. STAGGS	
2. DATE OF DEATH May 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-31	
D. STREET ADDRESS (If rural, give location) 4104 Amos Avenue	
c. Length of stay in Baltimore 11 Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-23-1914
9. AGE (In years last birthday) 38	10. UNDER 1 Year Months Days
11. UNDER 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY? Cross Roads Texas
13. FATHER'S NAME James A. Staggs	14. MOTHER'S MAIDEN NAME Bessis Kay Constable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Margaret J. Staggs, 4104 Amos Avenue	

18. E 874.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chloral hydrate poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4104 Amos Avenue 28/31

21D. TIME (Month) (Day) (Year) (Hour) found 5/5/52 10:00 A.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? ingestion of chloral hydrate

22. I certify that I took charge of the remains described above, held an ingestion & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☒

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED 5/5/52

23D. ASSISTANT MEDICAL EXAMINER ☒

23E. MEDICAL INVESTIGATOR ☒

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 5-8-1952

24C. NAME OF CEMETERY OR CREMATORY Good Shepherd

24D. LOCATION (City, town, or county) Howard Co Md (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1952

REGISTRAR'S SIGNATURE Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

5/22/52 ES

CONFIDENTIAL

M-250

52 4304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4304

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel Meacham

2. DATE
OF
DEATH

5-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

17-03

D. STREET ADDRESS (If rural, give location)

739 W. Franklin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Arcken, S. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Avins Meacham

14. MOTHER'S MAIDEN NAME

Malinda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

220-28-2649

17. INFORMANT

Leroy Meacham -142 Cras St.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

5-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Walstead

ADDRESS

-918 Druid Hill Avenue

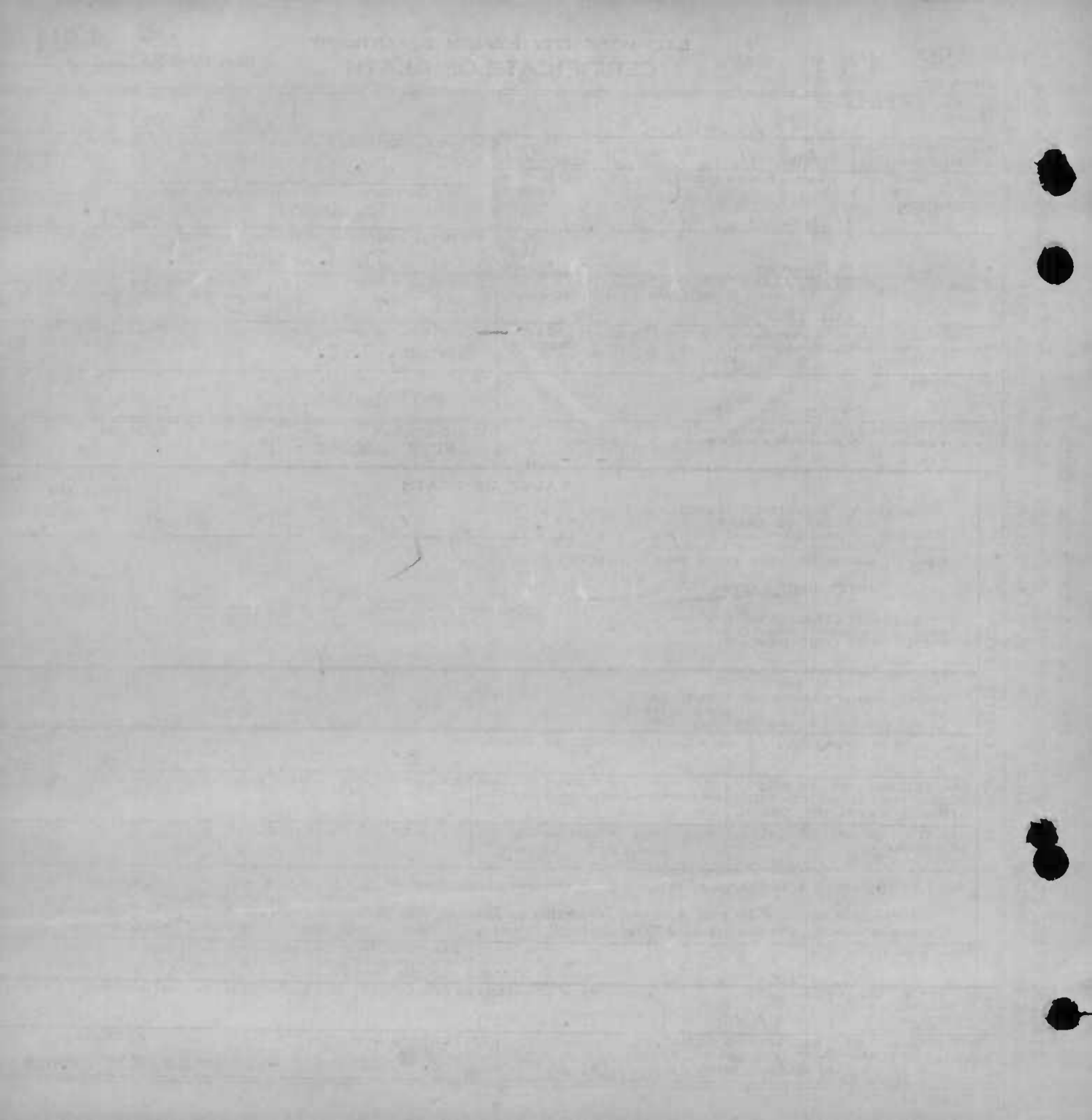
V S 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4305

BIRTH NO.

I. NAME OF DECEASED

Rosario (Print) Mr. Robert Liberto

2. DATE
OF
DEATH

5/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BonSecour Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New York

B. COUNTY

Staten Island, 10, N.Y.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Staten Island, N.Y. V-29

D. STREET ADDRESS (If rural, give location)

78 Morrison Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)

34 Bon Secours Hospital

c. Length of stay in Baltimore 15 days

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 19, 1878

9. AGE (In years

last birthday)

73

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rosario Liberto

14. MOTHER'S MAIDEN NAME

Concetta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Joseph Liberto, 5805 Hillen Rd.

MEDICAL CERTIFICATION

18.

153X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Congestive Heart Failure

(A) Congestive Heart Failure

DUE TO Anuria and Uremia

(B) Anuria & uremia

DUE TO Post operative Post Operative

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma colon - arteriosclerosis

19A. DATE OF OPERATION

5/2/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Transverse colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19/1952 to 5/4/1952, that I last saw the deceased alive on 5/4/1952 and that death occurred at 9:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

Donald Mohler

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 7/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Bldg.

24D. LOCATION (City, town, or county)

Ind

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Harry H. Witzke

ADDRESS

4101 Edmond

Arrived May 1/52 New Castle, Pa. 1000
George F. Wright & Co. 1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4306**

BIRTH NO. **52 4306**

1. NAME OF DECEASED (Type or Print) MARIAN GAMBY		2. DATE OF DEATH May 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1925 Mosher Street		C. CITY OR TOWN (If outside corporate limits, write U.S. and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1925 Mosher Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (Sep)	8. DATE OF BIRTH Feb 9, 1915
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (State or foreign country) Charleston S.C.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clarence Brown	
14. MOTHER'S MAIDEN NAME Ernestine Grant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Ida Leo Small	
18. ADDRESS 1925 W Mosher St			

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Malnutrition**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic alcoholism**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death, in my opinion resulted from: ☒ natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

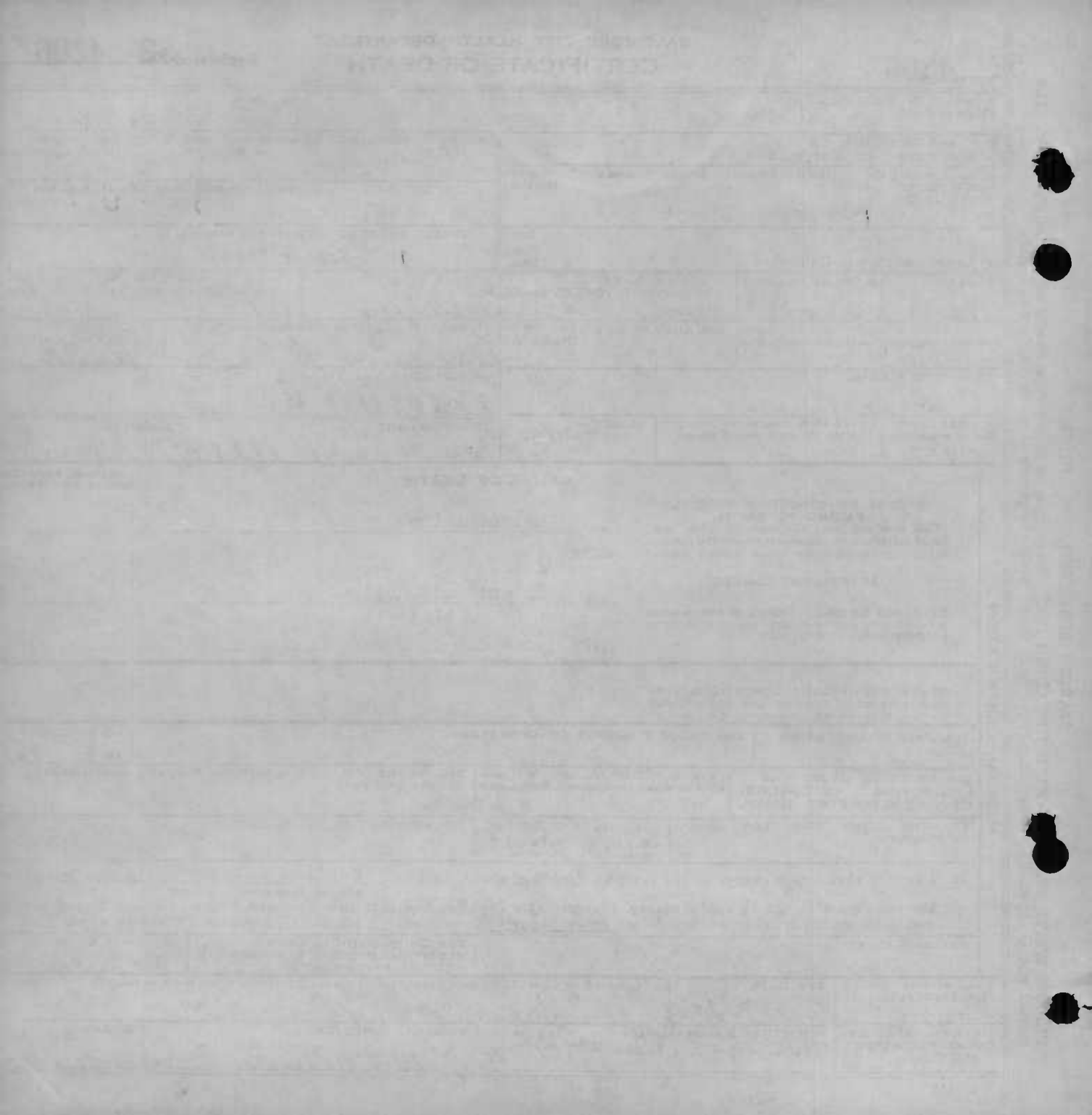
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAIN WITH UNFADING INK. Every item of information should be legibly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4307

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clayton Ritter

2. DATE
OF DEATH May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes' Hospital

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1901 Ridge Top Road (7)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-17-1904

9. AGE (In years last birthday)

47

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self

10B. KIND OF BUSINESS OR INDUSTRY

Used Car Business

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Eugene RitterDecd

14. MOTHER'S MAIDEN NAME

Blanche

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

245-09-2250

17. INFORMANT

ADDRESS

Clayton Ritter - 1901 Ridge Top Rd.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Coronary thrombosis
DUE TO Arteriosclerotic C. V. disease
Per (Medical Examiner)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 1952 to 5-4, 1952 that I last saw the deceased alive on 5-4, 1952, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George J. Altman

M. O.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-8-52

24C. NAME OF CEMETERY OR CREMATORY

St. Agnes Cemetery, Balto., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

John A. Kelly, Inc. - 2435 E. Olney St.

1934

12

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D.C.

January 1, 1934

Dear Sir:

Very truly yours,

W. L. RORER, Secretary

Enclosure

Very truly yours,
W. L. RORER, Secretary

100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4308

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Anna D. Price2. DATE
OF
DEATH5-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MarylandBaltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1314 N. Fulton Avenue

5. SEX

Female

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

12-25-759. AGE (In years
last birthday)77If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland U.S.A.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John welcome

14. MOTHER'S MAIDEN NAME

Anna welcome15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Price 1314 N. Fulton Ave.18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro-vascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8-15-1911, to 5-3-1952, that I last saw the
deceased alive on 5-3-1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thomas D. Williams

M. D.

703 W. Lafayette Avenue5-5-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BurialMay 8/52Church CemeteryGreensboro MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 - 1952Huntington Williams, M.D.Brooks Ruggold1463 N. Carey

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4309**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA DETZEL

2. DATE
OF
DEATH

5/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland **I44I Sumwalt Ct.**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Md** B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
I44I Sumwalt Ct.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Coronary occlusion**

DUE TO

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arterio sclerotic heart**

DUE TO

disease.

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/7/50**, 19**52**, to **5/5/52**, 19**52**, that I last saw the
deceased alive on **5/3/52**, 19**52**, and that death occurred **6:50 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Harry Deisel

23B. ADDRESS

1226 Hanover Street

23C. DATE SIGNED

5/5/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

NAME

SEX

AGE

DATE

TIME

PLACE

Cause of Death

Immediate Cause

Underlying Cause

Contributing Cause

Manner of Death

Place of Death

Place of Birth

Place of Residence

Place of Employment

Place of Education

Place of Marriage

Place of Death

Place of Birth

Place of Residence

Place of Employment

Place of Education

Place of Marriage

Place of Death

Place of Birth

Place of Residence

Place of Employment

Place of Education

Place of Marriage

Place of Death

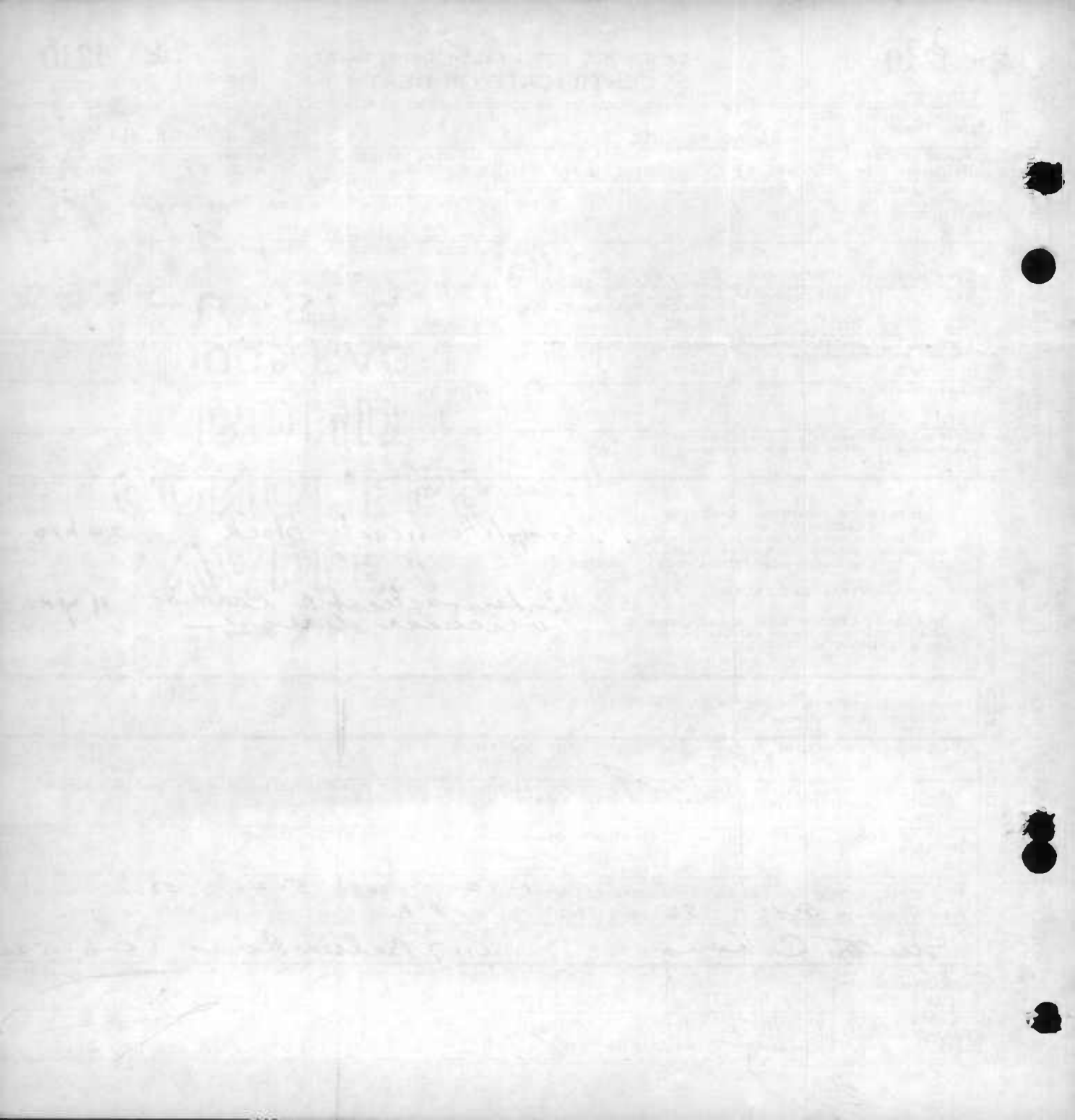
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4310**

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Nicholas Bott			2. DATE OF DEATH May 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3100 Rosekemp Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. FULL NAME OF HOSPITAL OR INSTITUTION			7. D. STREET ADDRESS (If rural, give location) 3100 Rosekemp Ave.			8. DATE OF BIRTH August 11, 1868		
c. Length of stay in Baltimore 49 years			9. AGE (In years last birthday) 83			10. Under 1 Year Months Days		
5. SEX Male			6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Marr ed		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraver			10B. KIND OF BUSINESS OR INDUSTRY Jewelery			11. BIRTHPLACE (State or foreign country) New York		
13. FATHER'S NAME Don't know			14. MOTHER'S MAIDEN NAME Don't know			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Dora Bott 3100 Rosekemp Ave		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Complete heart block DUE TO			INTERVAL BETWEEN ONSET AND DEATH 24 hrs					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic cardiac-vascular disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH 4 yrs					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1-10- , 19 48 to 5-4- , 19 52 that I last saw the deceased alive on 5-4- , 19 52 and that death occurred at 8 A. m. , from the causes and on the date stated above.								
23A. SIGNATURE Walter C. Ravey			23B. ADDRESS 2117 Belair Rd			23C. DATE SIGNED 5-6-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE May 8, 1952			24C. NAME OF CEMETERY OR CREMATORY Baltimore		
24D. LOCATION (City, town, or county) (State) Baltimore, Md.			25. FUNERAL DIRECTOR Ullrich Funeral Home			ADDRESS 2008 Orleans St.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4311
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THECKLA / INNA

KISTNER

2. DATE
OF
DEATH May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3500 Mt. Pleasant Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

March 10, 1872

9. AGE (In years
last birthday)

80

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Ose

14. MOTHER'S MAIDEN NAME

Amelia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frederick Kistner 3500 Mt. Pleasant Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive and Arteriosclerotic

~~X300X3~~ Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

May 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Colgate, Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ulrich Funeral Home 2008 Orleans St.

REPORT TO THE BOARD OF DIRECTORS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4312

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Emma D Munch*2. DATE
OF
DEATH*May 4/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *139 S Boulden*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)

C. Length of stay in Baltimore

*life*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

139 S Boulden St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)H Under 1 Year
Months: Days
H Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year of dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO*General Arteriosclerosis**2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)*Chronic Myocarditis**2 yrs*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/10/50*, 19__, to *5/4/52*, 19__, that I last saw the
deceased alive on *5/3/52*, and that death occurred at *4:30 p.m.*, from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VALLEY
CONGRESS

HOME

100% FAD

U.S. A. L. A. P.

W 536
52 4313
CERTIFICATE CORRECTED

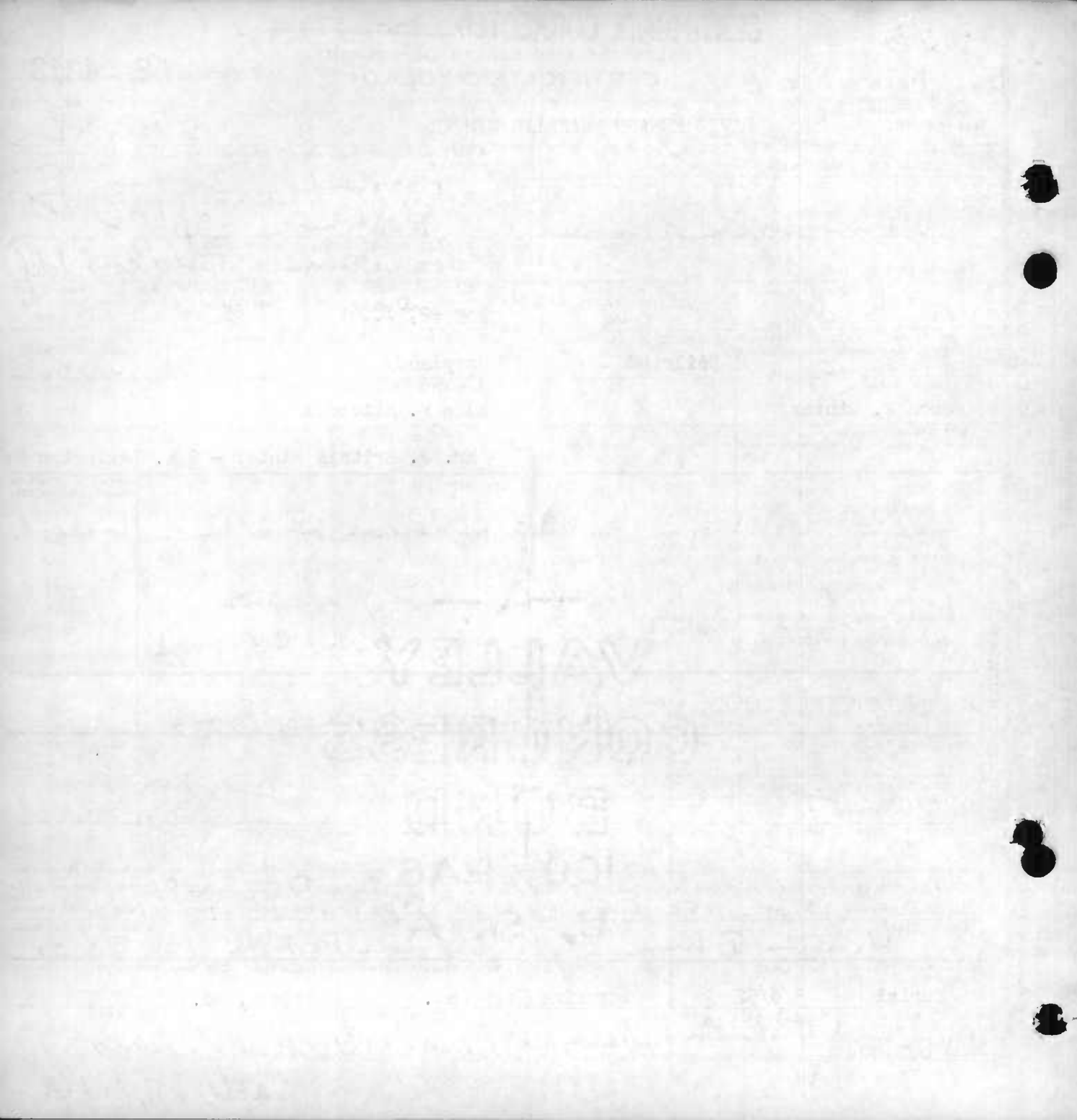
5-9-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 4313

1. NAME OF DECEASED (Type or Print) DAVID EDWARD FRANKLIN WINTER			2. DATE OF DEATH 5 May '52		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 900 Cathedral Street (Earl Hotel)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 12, 1886		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John F. Winter			14. MOTHER'S MAIDEN NAME Ella F. Mitchell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. J. Britain Winter - 2 E. Lexington St	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction. DUE TO Coronary artery sclerosis and Hypertensive C.V. disease.					INTERVAL BETWEEN ONSET AND DEATH immediate
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary emphysema, chronic.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/25 , 19 54 to 5/5 , 19 52 that I last saw the deceased alive on 5/5 , 19 52 and that death occurred at 2:55 pm. , from the causes and on the date stated above.					
23A. SIGNATURE William T. Hunter M. D.		23B. ADDRESS Lutheran Hospital		23C. DATE SIGNED 5/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/8/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichenor & Sons 51550 Balto 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

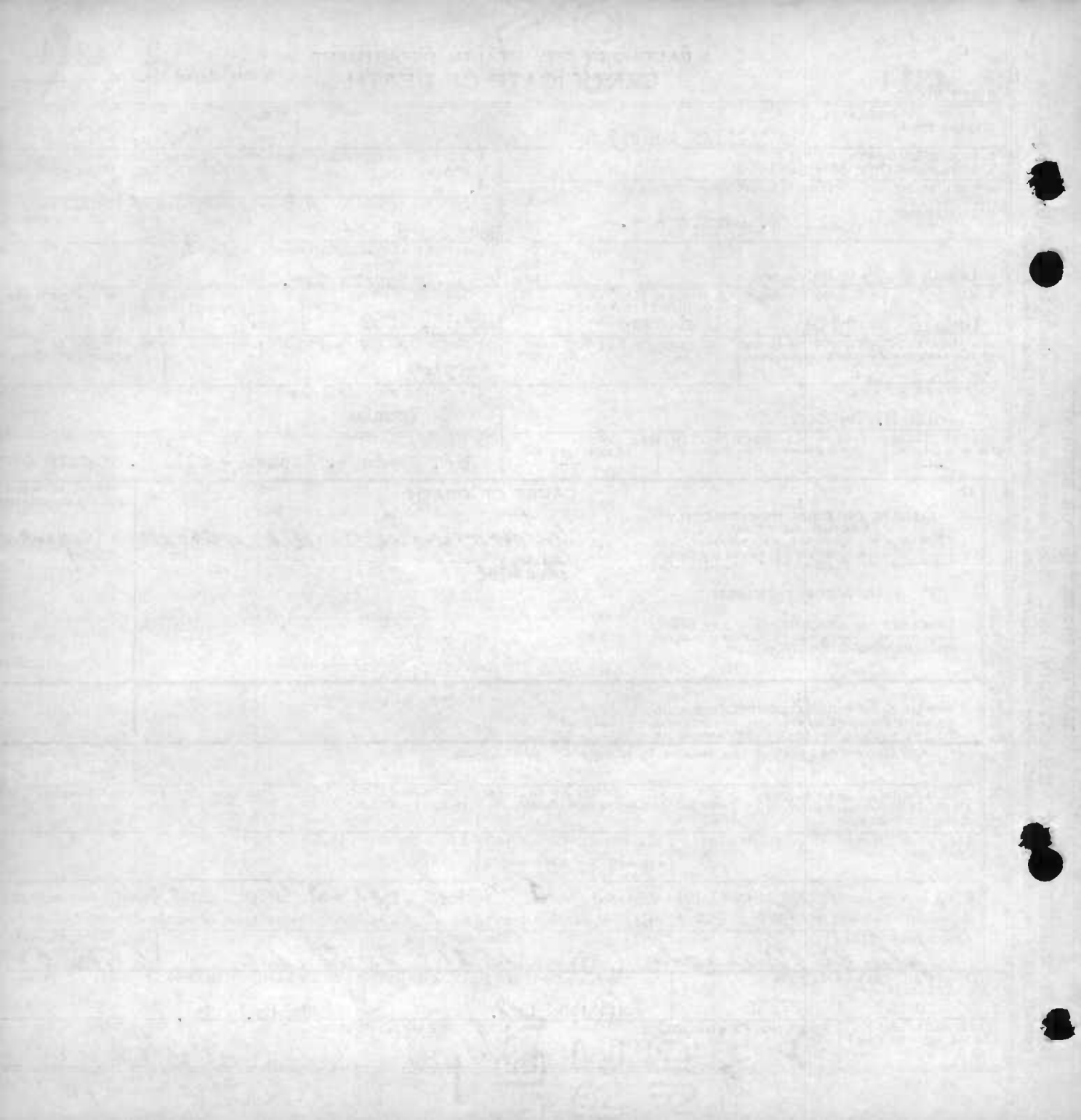


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4314BIRTH NO. 52 4314

1. NAME OF DECEASED (Type or Print) LILLIAN McCULLOH			2. DATE OF DEATH May 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2211 W. Rogers Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH May 30, 1869	11. AGE (In years last birthday) 82	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John R. Dutton			14. MOTHER'S MAIDEN NAME Anne Tounau		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --			16. SOCIAL SECURITY NO. --		
17. INFORMANT Mrs. Mamie B. Fisher			ADDRESS 2211 W. Rogers Ave		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic cardio-vascular disease DUE TO disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 5		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5 March, 1952 to 5 May, 1952 , that I last saw the deceased alive on 3 May, 1952 , and that death occurred at 1 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE John H. Barnard		23B. ADDRESS 1531 E North Ave		23C. DATE SIGNED 6 May 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/7/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Huntington Williams, Inc.		24F. ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Inc.		24G. ADDRESS Balto 17, Md.	



22161-58

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is a summary of the work done and is intended to give a general impression of the work done and the progress made.

2. The second part of the report deals with the results of the work done during the year. It is a summary of the results of the work done and is intended to give a general impression of the results of the work done and the progress made.

3. The third part of the report deals with the conclusions drawn from the work done during the year. It is a summary of the conclusions drawn from the work done and is intended to give a general impression of the conclusions drawn from the work done and the progress made.

4. The fourth part of the report deals with the recommendations made during the year. It is a summary of the recommendations made during the year and is intended to give a general impression of the recommendations made during the year and the progress made.

5. The fifth part of the report deals with the summary of the work done during the year. It is a summary of the work done during the year and is intended to give a general impression of the work done during the year and the progress made.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4316

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)COBLENTZ Emma2. DATE
OF
DEATHMay 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONchurch home + Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

712 Snyder Drive

c. Length of stay in Baltimore

60

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)W

8. DATE OF BIRTH

July 25 18649. AGE (in years
last birthday)87If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY-

11. BIRTHPLACE (State or foreign country)

Pennsylvania12. CITIZEN OF
WHAT COUNTRY?USA.

13. FATHER'S NAME

Appel, Thomas G.

14. MOTHER'S MAIDEN NAME

Miller, Emma15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. R. Coblentz 5102 Roland Av.18. 490X and 170X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia (lobar)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH10 daysII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Carcinoma of breast6 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 5, 1952, that I last saw the
deceased alive on May 4, 1952, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John O. Mitchell

23B. ADDRESS

C. H. Hosp. Baltimore

23C. DATE SIGNED

May 5, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

May 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Reformed Church

24D. LOCATION (City, town, or county)

Middletown

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRARMAY 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Sons 1900 Eutaw Place

313-54

10-13-40 10:45 AM

313-54

27

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4317BIRTH NO. 52 4317

1. NAME OF DECEASED (Type or Print) <u>Mrs. Essie Parker</u>			2. DATE OF DEATH <u>May 6, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore (1)</u>		
C. Length of stay in Baltimore <u>7</u> Yrs. <u>0</u> Mos. <u>0</u> Days			D. STREET ADDRESS (If rural, give location) <u>228 N. High St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 8, 1892</u>		9. AGE (In years last birthday) <u>59</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Edward Smith</u>			14. MOTHER'S MAIDEN NAME <u>Julia Bennett</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Blanche Parker</u>		
ADDRESS		<u>228 N. High St. Baltimore (1) Md.</u>			

18. <u>330X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Subarachnoid hemorrhage</u>		DUE TO	<u>2 weeks</u>
ANTECEDENT CAUSES		(B) <u>Arteriosclerosis</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 30</u> , 19 <u>52</u> to <u>May 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>52</u> and that death occurred at <u>7:30 AM</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Howard Raskin</u>		23B. ADDRESS <u>Mercy Hospital</u>		23C. DATE SIGNED <u>May 6, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>May 6, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Martin Creek Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Erwin, Tenn.</u>		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>J. O. Mitchell + Sons Inc.</u>	

CENTRE FOR THE STUDY OF

THE HISTORY OF THE

1999

1999



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanley Kihn

2. DATE
OF DEATH May 5th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION South Balto. General Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3101 N. Calvert St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-25-1888

9. AGE (In years
last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Const.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jane D. Neely 3101 N. Calvert St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY THROMBOSIS

DUE TO

1 WK.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

CORONARY THROMBOSIS

3 YRS

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY-5, 1952 to _____, 19____, that I last saw the
deceased alive on MAY-5, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-8-1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balti Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 6 1952

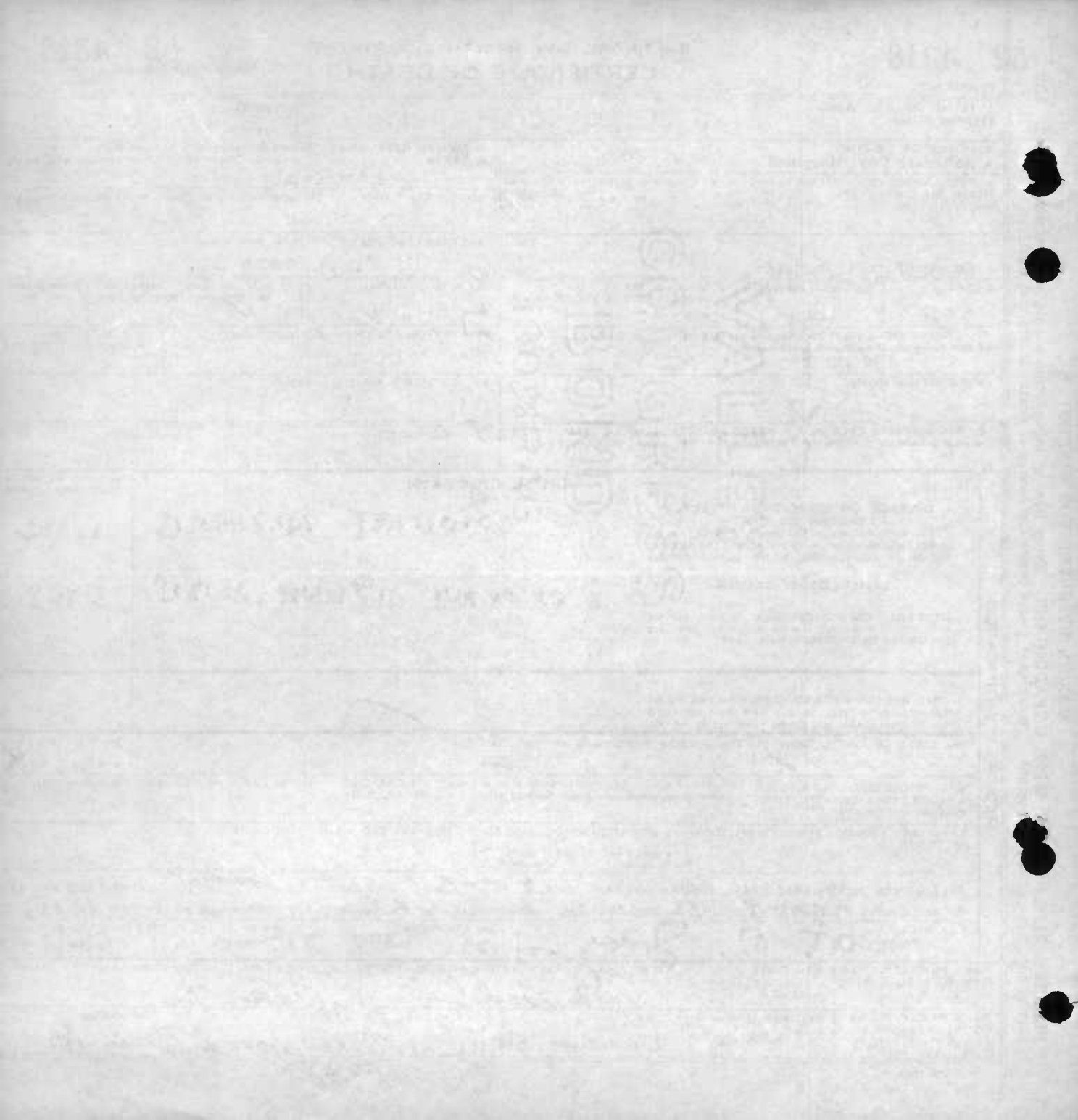
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balt. St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 4319**

BIRTH NO. **530 4319**

1. NAME OF DECEASED (Type or Print) <i>Mary SMITH</i>		2. DATE OF DEATH <i>5.3.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-02</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>629 South Streper St # 24</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 18, 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>63</i>
13. FATHER'S NAME <i>John Kelly</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i> (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <i>none</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Lul Sawney</i>	
17. INFORMANT <i>Mrs Catherine Hoppert</i>		ADDRESS <i>St 629 S. Streper</i>	

18. <i>540.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bleeding stomach ulcer</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pneumonia</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>5/7/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4.29</i> , 19 <i>52</i> to <i>5.3</i> , 19 <i>52</i> that I last saw the deceased alive on <i>5.3</i> , 19 <i>52</i> , and that death occurred at <i>8A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Jui Lin</i>		23B. ADDRESS <i>M.D. Maryland General Hospital</i>		23C. DATE SIGNED <i>5.3.52</i>	
24A. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/7/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cem.</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR <i>John A. Moran</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>3000 E. Balto. St.</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4320

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora A. Beall

2. DATE
OF
DEATH

May 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 112 E. Preston St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

112 E. Preston St.

C. Length of stay in Baltimore

60 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar 19, 1873

9. AGE (In years last birthday)

79

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Caroline Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henrywn

14. MOTHER'S MAIDEN NAME

Mary Louise Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Myrtle Parker

18. 443XDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE OF DEATH 4005 Mayberry Ave.

INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Acute Pulmonary Edema1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio

DUE TO

Vascular Disease5 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1952 to May 3, 1952, that I last saw the deceased alive on 5/3, 1952 and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas H. Dodd

M. D.

23B. ADDRESS

2108 St Paul St.

23C. DATE SIGNED

5/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 6, 52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ellsworth Armacost

ADDRESS

4600 Liberty Heights Ave.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

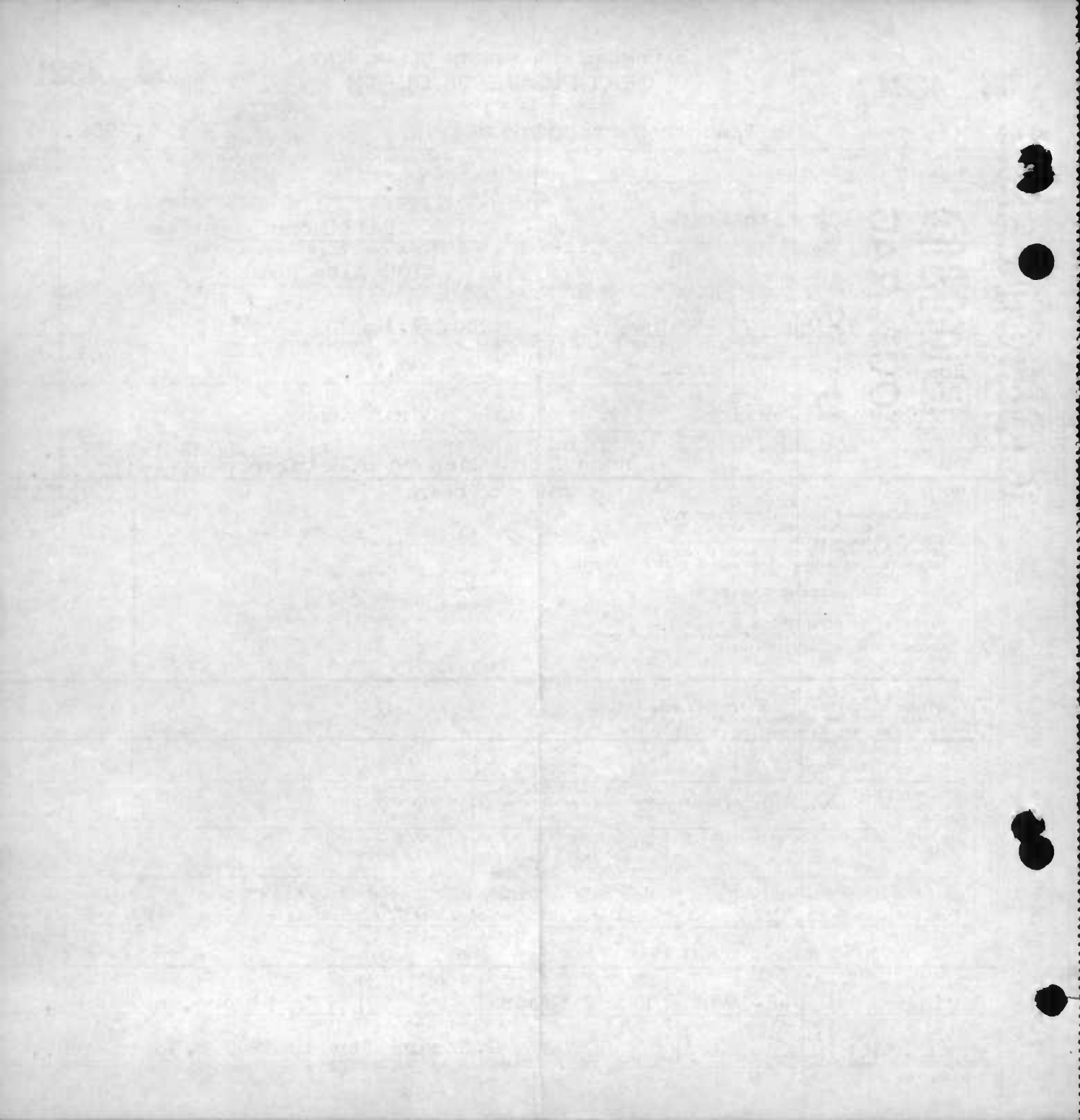
Registered No. **52 4321**BIRTH NO. **52 4321**

1. NAME OF DECEASED (Type or Print) Elizabeth Mary Brinker		2. DATE OF DEATH May 5, 1952.	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 4102 Alto Road		c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
c. Length of stay in Baltimore 11- Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 4102 Alto Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 24, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (in years, last birthday) 61
13. FATHER'S NAME Michael J. Jession		11. BIRTHPLACE (State or foreign country) W. Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Sarah Kenny	
17. INFORMANT Richard F. Brinker		ADDRESS 8026 14th Ave. Hyattsville, Md.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Sclerosis (A) OUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis (B) OUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 2, 1952 to May 5, 1952 , that I last saw the deceased alive on May 5, 1952 , and that death occurred at 7:10 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard F. Brinker		23B. ADDRESS 3033 W. North Ave.		23C. DATE SIGNED 5/6/52	

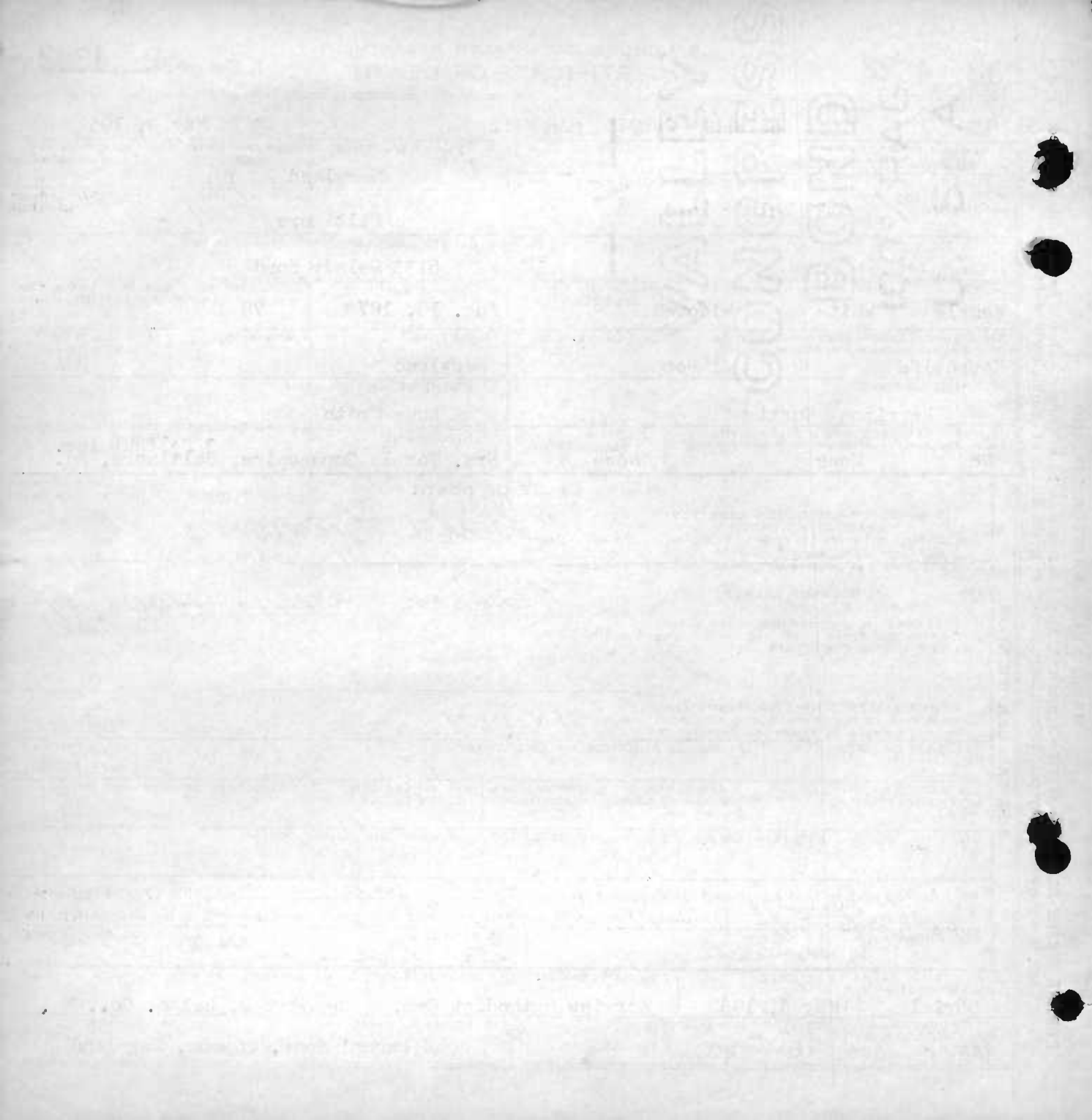
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-8-1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4322BIRTH NO. 52 4322

1. NAME OF DECEASED (Type or Print) ESTELLA CURTIS MARSHALL			2. DATE OF DEATH May 3, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 6133 Belair Road			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 6133 Belair Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 18, 1873		9. AGE (in years, last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harrison Curtis			14. MOTHER'S MAIDEN NAME Anna Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Temple Copenspire, Baltimore, Md.		

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS DUE TO			INTERVAL BETWEEN ONSET AND DEATH 6 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL ARTERIOSCLEROSIS DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SENILITY DUE TO					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/28 , 19 52 , to 5/3 , 19 52 , that I last saw the deceased alive on 5/2 , 19 52 and that death occurred at 8 A. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>W. M. M.</i>		23b. ADDRESS 6331 Belair Rd		23c. DATE SIGNED 5/5/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Fairview Methodist Cem.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland	



W-251

52 4323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Eva Wagenerberg

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Arteriosclerosis

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-1952 to 5-6-1952, that I last saw the
deceased alive on 5-6-1952, and that death occurred at 10:52 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, M.D.

Kenneth L. Ellis, York, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 4324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4324
Registered No.

BIRTH NO. 52-07410

1. NAME OF DECEASED
(Type or Print)

Infant of Margaret Loggins (326279)

2. DATE
OF
DEATH

March 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2316 North Stockton Street - 17

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 27, 1952

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

7 46

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest Loggins

14. MOTHER'S MAIDEN NAME

Margaret Briscoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March 27, 1952 to March 27, 1952, that I last saw the
deceased alive on March 27, 1952, and that death occurred at 1.25pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

The Johns Hopkins Hospital

4-2-52

24A. BURIAL, CREMATION,
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

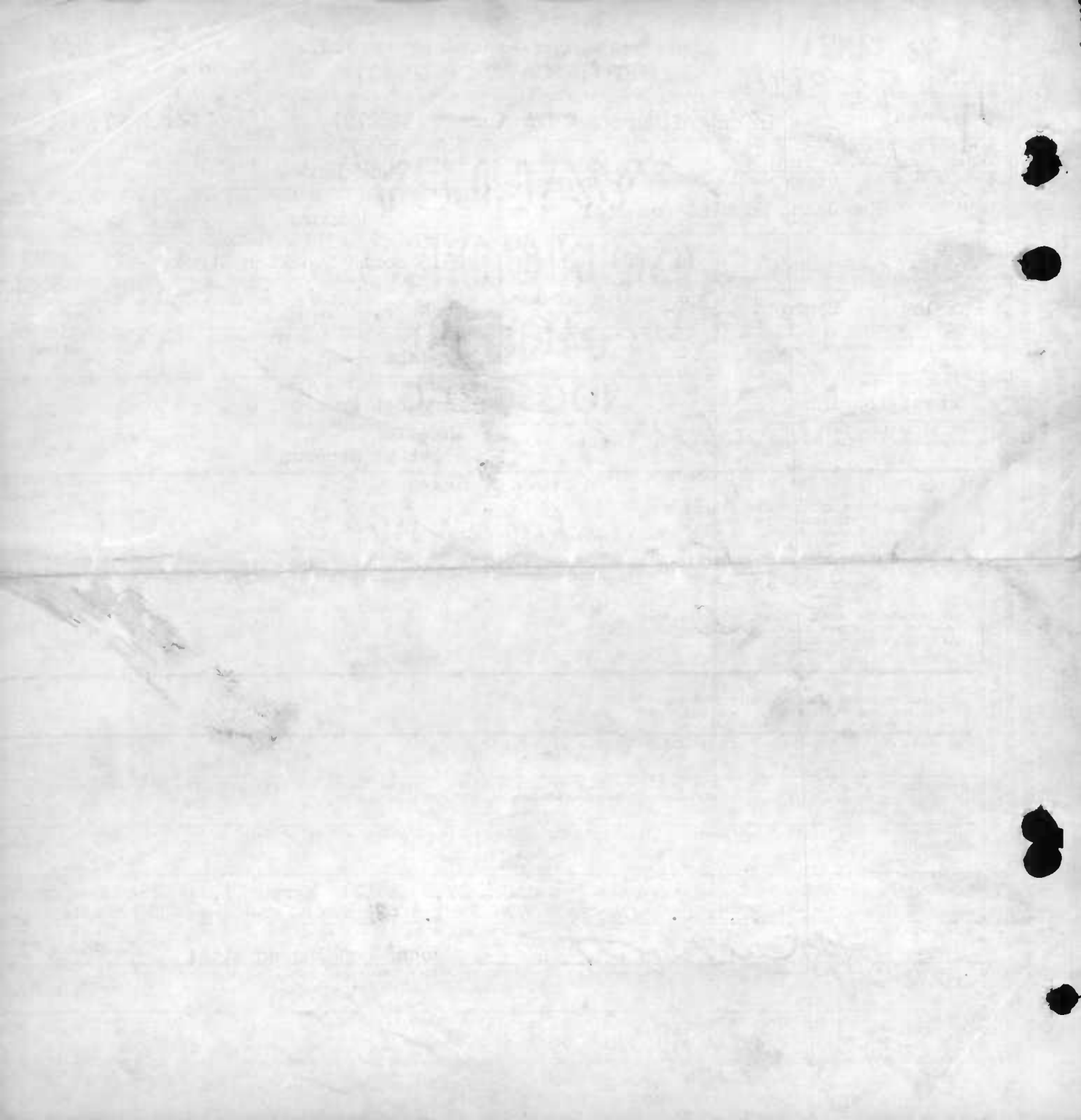
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, M.D.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-07520

1. NAME OF DECEASED
(Type or Print)

Infant of Sally Young

(188029)

2. DATE
OF
DEATH

March 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION The Johns Hopkins Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

420 North Wolfe Street - 31

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 25, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

2

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis R. Butler

14. MOTHER'S MAIDEN NAME

Sally Lee Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 763.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intrauterine infection

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1952, to March 27, 1952 that I last saw the
deceased alive on March 27, 1952, and that death occurred at 10.20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

4-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

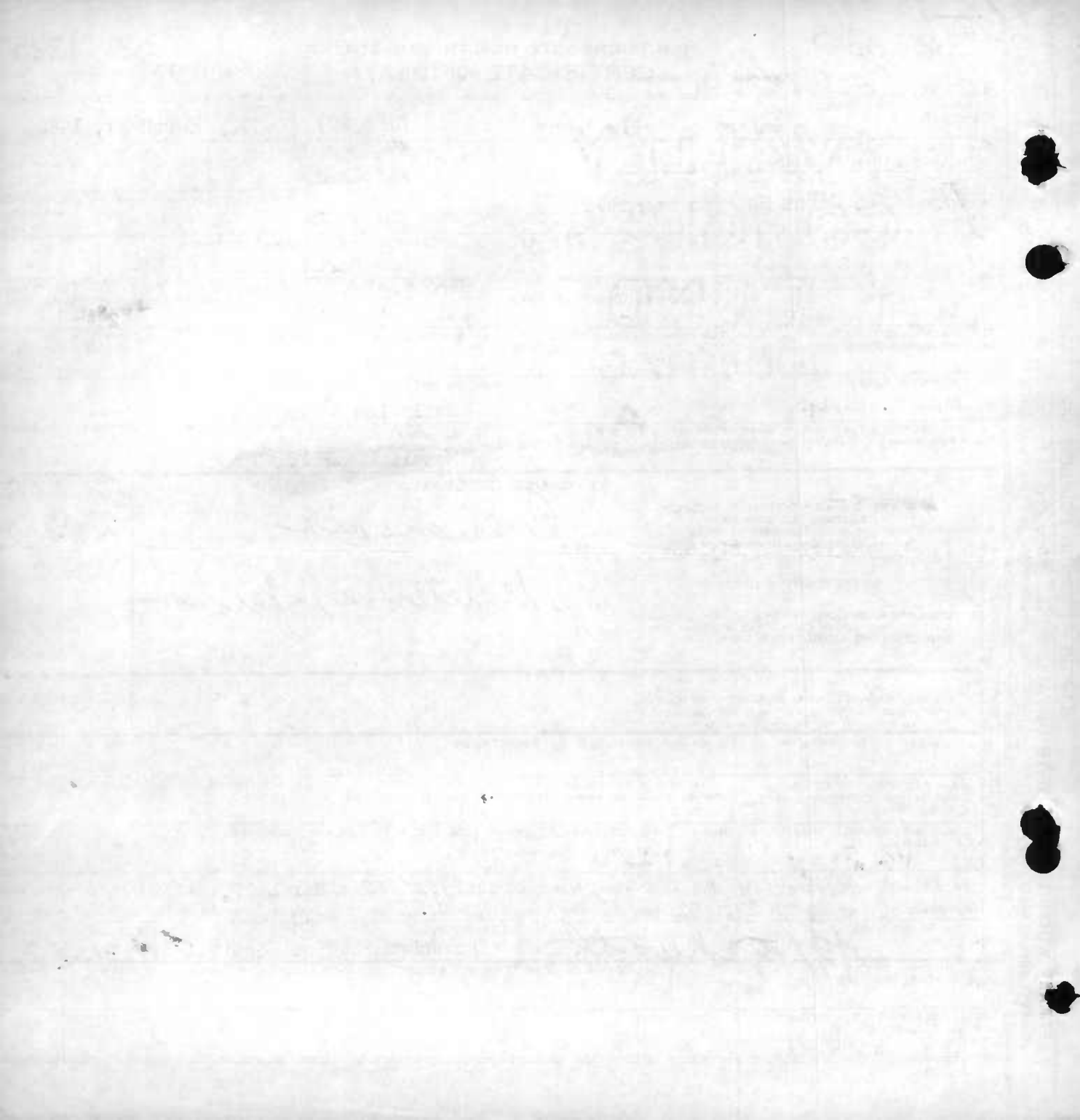
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

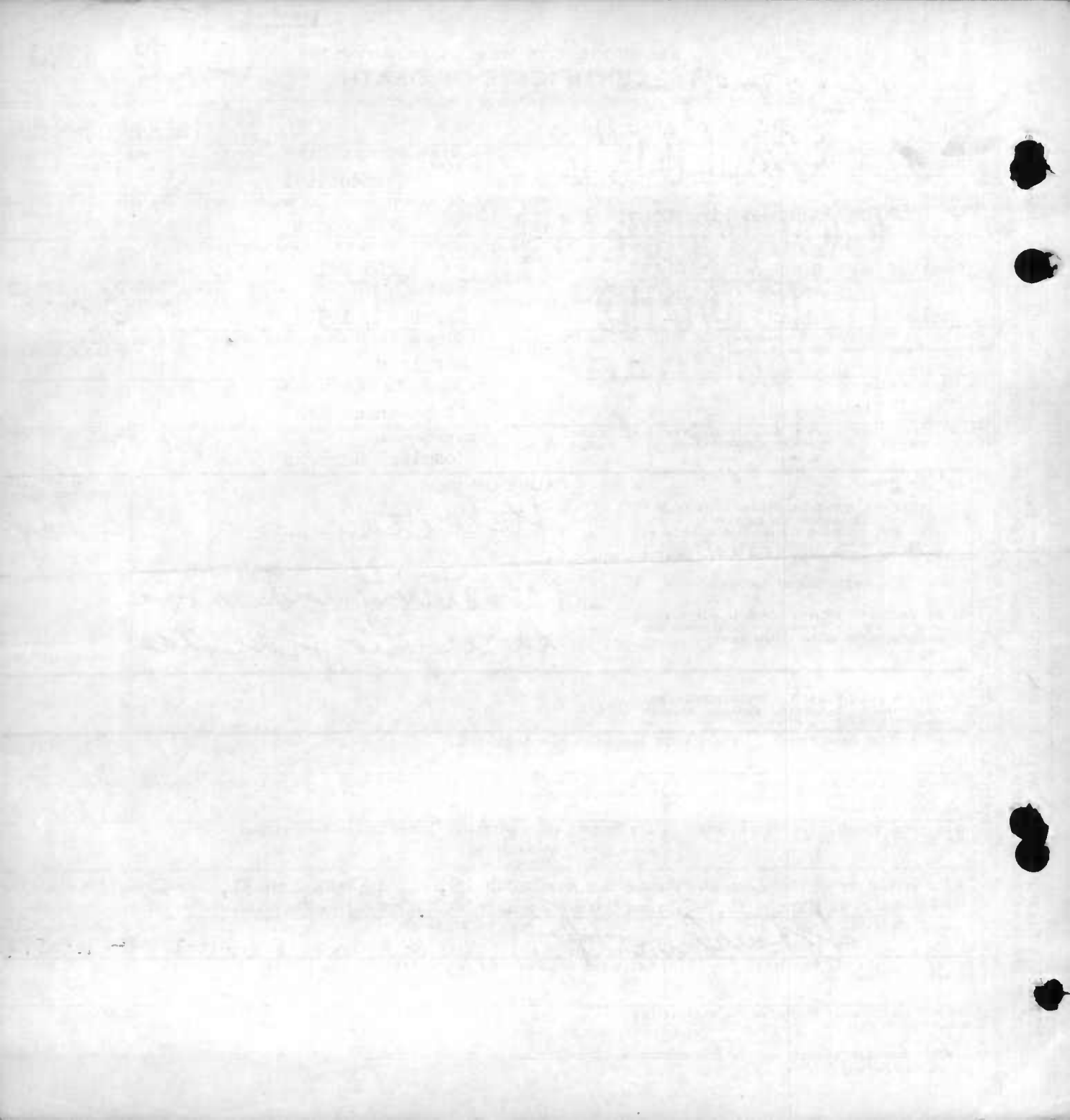
ADDRESS

MAY 7 - 1952

Huntington Williams, M.D.



BALTIMORE CITY HEALTH DEPARTMENT				X		52 4326	
BIRTH NO. 52-07408				CERTIFICATE OF DEATH		Registered No. 52 4326	
1. NAME OF DECEASED (Type or Print) Infant of Anne Blaney				2. DATE OF DEATH March 31, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Connecticut B. COUNTY V-26			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 33 The Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bridgeport			
c. Length of stay in Baltimore Infant				D. STREET ADDRESS (If rural, give location) 3203 Maine Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH March 29, 1952		9. AGE (in years last birthday) 2	10. Under 1 Year Months: 2	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Cycil Blaney				14. MOTHER'S MAIDEN NAME Anne Denisevich			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hospital Records			
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Stelectasis DUE TO (B) Prematurity and anoxia DUE TO (C) Abruptio placentae INTERVAL BETWEEN ONSET AND DEATH 2 days							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 29, 1952 to March 31, 1952 that I last saw the deceased alive on March 31, 1952 and that death occurred at 5.50 p.m., from the causes and on the date stated above.							
23A. SIGNATURE J. Duckworth				23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 4-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 324		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-07512

1. NAME OF DECEASED
(Type or Print)

Infant of Florence Rossi

(468372)

2. DATE
OF
DEATH

March 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION The Johns Hopkins HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

743 West North Avenue - 17

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 25, 1952

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

4 44

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Rossi

14. MOTHER'S MAIDEN NAME

Florence Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

776x

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

4 3/4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March 25, 1952, to March 25, 1952, that I last saw the
deceased alive on March 25, 1952 and that death occurred at 10.50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Agnes Keworth

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

4-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

52 4328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4328

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Madeline Chase

2. DATE
OF
DEATH

May 3 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

17-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

525 W. Biddle St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

Mar. 27, 1944

9. AGE (in years
last birthday)

27

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Chase

14. MOTHER'S MAIDEN NAME

Sillian Chase

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jennie Hunt 525 W. Biddle St

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia R. Upper Lobe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fatty Liver

(C)

Cirrhosis of Liver

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Dwyer

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 4 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-7-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 7 1952

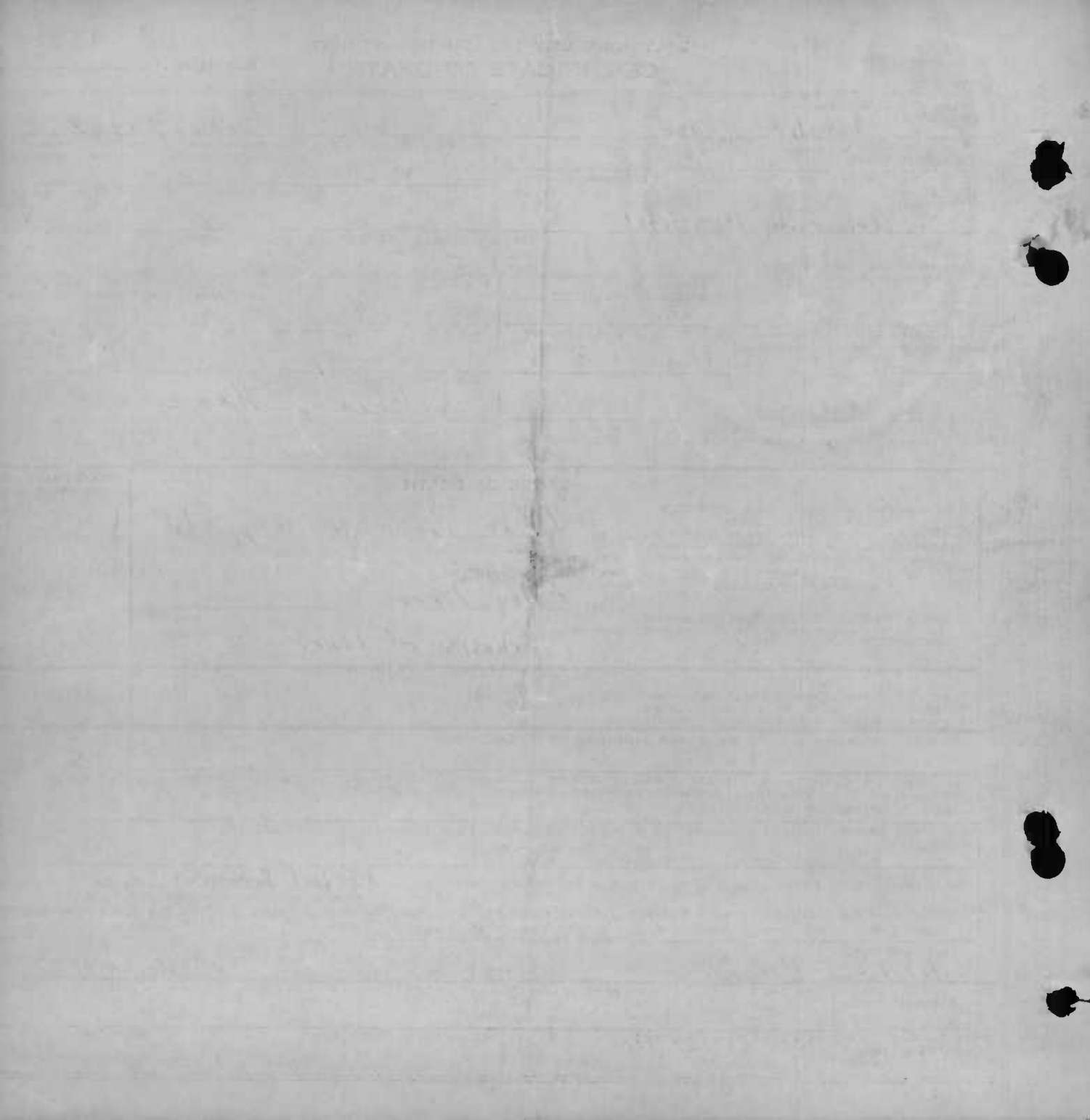
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Clayton Wilson 1000 Brantly Ave

ADDRESS



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Welford

Welford Annie Lee

2. DATE
OF
DEATH

5-7-1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Franklin Square Hospital

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

29 South Carey Street

c. Length of stay in Baltimore

10 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-7-1912

9. AGE (in years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Luray, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Emma Rinehart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-14-6322

17. INFORMANT

ADDRESS

Md.

Mrs. Daisy Wollard, R.F.D.#4, Hagerstown

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary occlusion

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6 2 p.m. 1952 to 5-7 1952 that I last saw the deceased alive on 5-7 1952 and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Chamber

M. D.

23B. ADDRESS

Franklin Square

23C. DATE SIGNED

5/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Hagerstown Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, M.D.

305 N. Potomac St.

Hagerstown, Md.

3

WALL

1000000

1000000

1000000

1000000

A

1000000

52 4330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4330
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Spencer Davenport

2. DATE
OF DEATH

May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Hal R. Room

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 9-04

D. STREET ADDRESS (If rural, give location)

2638 Boone St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Spencer Davenport

14. MOTHER'S MAIDEN NAME

Emma Southflow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 570.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Intestinal obstruction, shock 24
hrs.
Due to (adhesions), cardiac failure,
terminal aspiration following
gastric intubation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Due to
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-4-52

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1952, to 5/4, 1952, that I last saw the
deceased alive on 5/4, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. S. Schuster

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-8-52

Mt. Auburn Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 578W

MAY 1 1952

Huntington Williams, MD

Mrs. Frances C. Hensley

Biddle St.

MVS 150

780 99

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John E. Conway

2. DATE
OF
DEATHmon.
5-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 30 21-01

D. STREET ADDRESS (If rural, give location)

1003 Ridgely St.

c. Length of stay in Baltimore

Life 62

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 28, 1889

9. AGE (in years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elevator Operator

10B. KIND OF BUSINESS OR
INDUSTRY

The Linco Thread

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Thomas Conway

14. MOTHER'S MAIDEN NAME

Martha (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-03

17. INFORMANT

Henrietta Conway

ADDRESS

1003 Ridgely St # 30

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

bronchopneumonia, bilateral

INTERVAL BETWEEN
ONSET AND DEATH
not known
probably a few
weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

coronary artery disease

several
months

DUE TO

(C)

generalized arteriosclerosis

several
years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in nr
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1952 to 5-5, 1952; that I last saw the
deceased alive on 5-5, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Hankins

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Beech Hill Cem

24D. LOCATION (City, town, or county)

A. G. Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

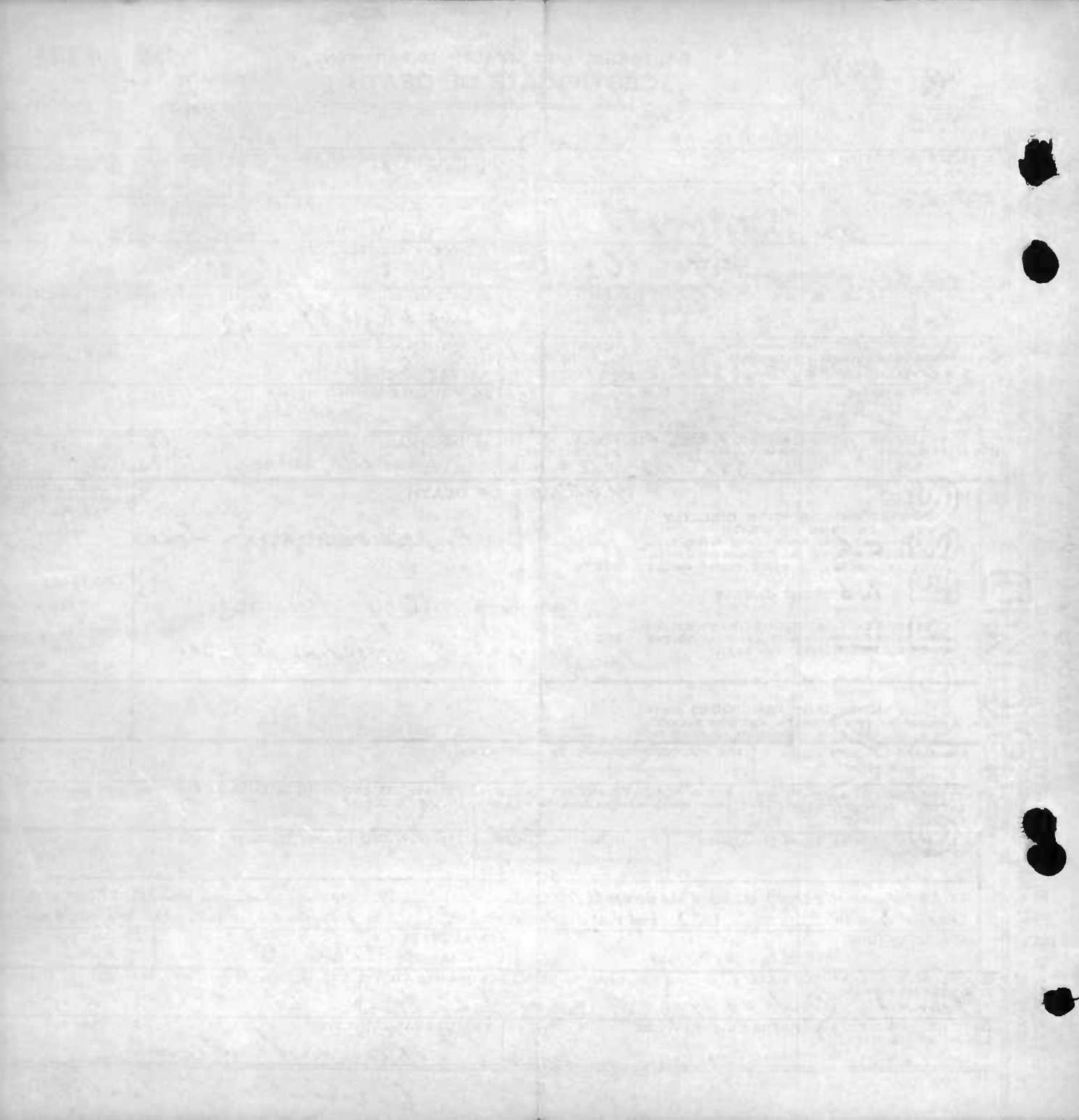
G. Howard Egan

ADDRESS

MAY 7 - 1952

VS 150

7614F - 14005. Charles St Balto 39



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4332

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM M. HALL			2. DATE OF DEATH May 5, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 12 Irvin Place		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8, 1912	9. AGE (in years last birthday) 39	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk			10b. KIND OF BUSINESS OR INDUSTRY Hopkins Super Market		
11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William H. Hall			14. MOTHER'S MAIDEN NAME Anna Laura Faire		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Margaret E. Hall, 12 Irvine Place			ADDRESS		

18. 4-20-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>William Cook</i>		23b. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23c. DATE SIGNED May 6, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/7/52		24c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24d. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			

NAME		ADDRESS		CITY		STATE		COUNTRY	

7-200

52 4333

ZICK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4333

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Trump Zick (Mr)

2. DATE
OF
DEATH

5-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

421 Whitridge Ave

c. Length of stay in Baltimore

67 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan 30, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Butcher

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Zick

14. MOTHER'S MAIDEN NAME

Barbara Trump

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret E. Hall 12 Irvine Place

18. 550.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Ulceration of stomach with
hemorrhage and multiple
perforations

2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized peritonitis

8 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

perforated appendix

5 days

19A. DATE OF OPERATION

4-29-52

19B. MAJOR FINDINGS OF OPERATION

PERFORATED APPENDIX
GENERALIZED PERITONITIS

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1952, to 5-5, 1952, that I last saw the deceased alive on 5-5, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp., Baltimore 18 Maryland

23C. DATE SIGNED

May 5 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc 1217 St. Paul St

MAY 7 - 1952

VS 150

6446A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN WITH UNFADING INK. Every item of information should be legible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1901.

REPORT
OF THE ATTORNEY GENERAL,
JAMES C. CLARK,

FOR THE YEAR 1900.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS.

1901.

NEW YORK:

W. H. BROWN & CO.,
BOOK BINDER.

1901.

ALBANY:

J. B. LIPPINCOTT & CO.,
PRINTERS.

1901.

NEW YORK:

W. H. BROWN & CO.,
BOOK BINDER.

1901.

ALBANY:

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Emma O. Disney		2. DATE OF DEATH May 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4510 Parkmont Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 26-01			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4510 Parkmont Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 27, 1875	9. AGE (in years last birthday) 76	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore County, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Alfred Belt		14. MOTHER'S MAIDEN NAME Anna Naylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Richard Disney, 4510 Parkmont Avenue	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute myocardial insufficiency DUE TO cardiac ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. conscious of cancer DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 7, 1952 to May 5, 1952 , that I last saw the deceased alive on May 5, 1952 , and that death occurred at 1:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE L.C. Tobin		23B. ADDRESS 4474 Kenwood Ave.		23C. DATE SIGNED 5/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/9/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D. Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

CERTIFICATE OF DEATH

17-1-82

Name of Deceased		Age		Sex	
Date of Birth		Date of Death		Place of Death	
Cause of Death		Duration of Illness		Occupation	
Signature of Doctor		Signature of Registrar		Signature of Informant	
Date of Signature		Date of Signature		Date of Signature	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4335

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew K. Myers

2. DATE
OF
DEATH May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1008 Warwick Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1008 Warwick Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

Dec. 13, 1869

9. AGE (in years,
last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Produce Business

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Carroll County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah Myers

14. MOTHER'S MAIDEN NAME

Alverta Bankard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Bertha Salomone, 1001 N. Bentalou Street18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive cardiovascular
disease10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes mellitus?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 to 5-5, 1952, that I last saw the
deceased alive on 5-4, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Moore

M. D.

23B. ADDRESS

3105 Belair Rd

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 121 7 St. Paul Street

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

IN SENATE,
January 10, 1907.

REPORT
OF THE
COMMISSIONER OF
THE LAND OFFICE
FOR THE YEAR
1906.

ALBANY: JAMES B. LEECH, STATE PRINTER,
1907.

52 4336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4336
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAY ESTELLA PREMPERT

2. DATE
OF
DEATH

MAY 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 12-02

D. STREET ADDRESS (If rural, give location)

3014 VINEYARD LANE

c. Length of stay in Baltimore

73

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR. 2, 1882 70

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN H. FOSS

14. MOTHER'S MAIDEN NAME

MARY D. BORNEAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT HUSBAND

ADDRESS

JUNIOUS G. PREMPERT

(SAME)

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE 21 hrs.

DUE TO

ANTECEDENT CAUSES

(B) HYPERTENSIVE-ARTERIOSCLEROTIC
CARDIOVASCULAR DISEASE ???

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from MAY 3, 1952 to MAY 4, 1952 that I last saw the
deceased alive on MAY 4, 1952, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene U. Cohen

M. D.

23B. ADDRESS

1000 for the Women of Md

23C. DATE SIGNED

May 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

GREEN MOUNT CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

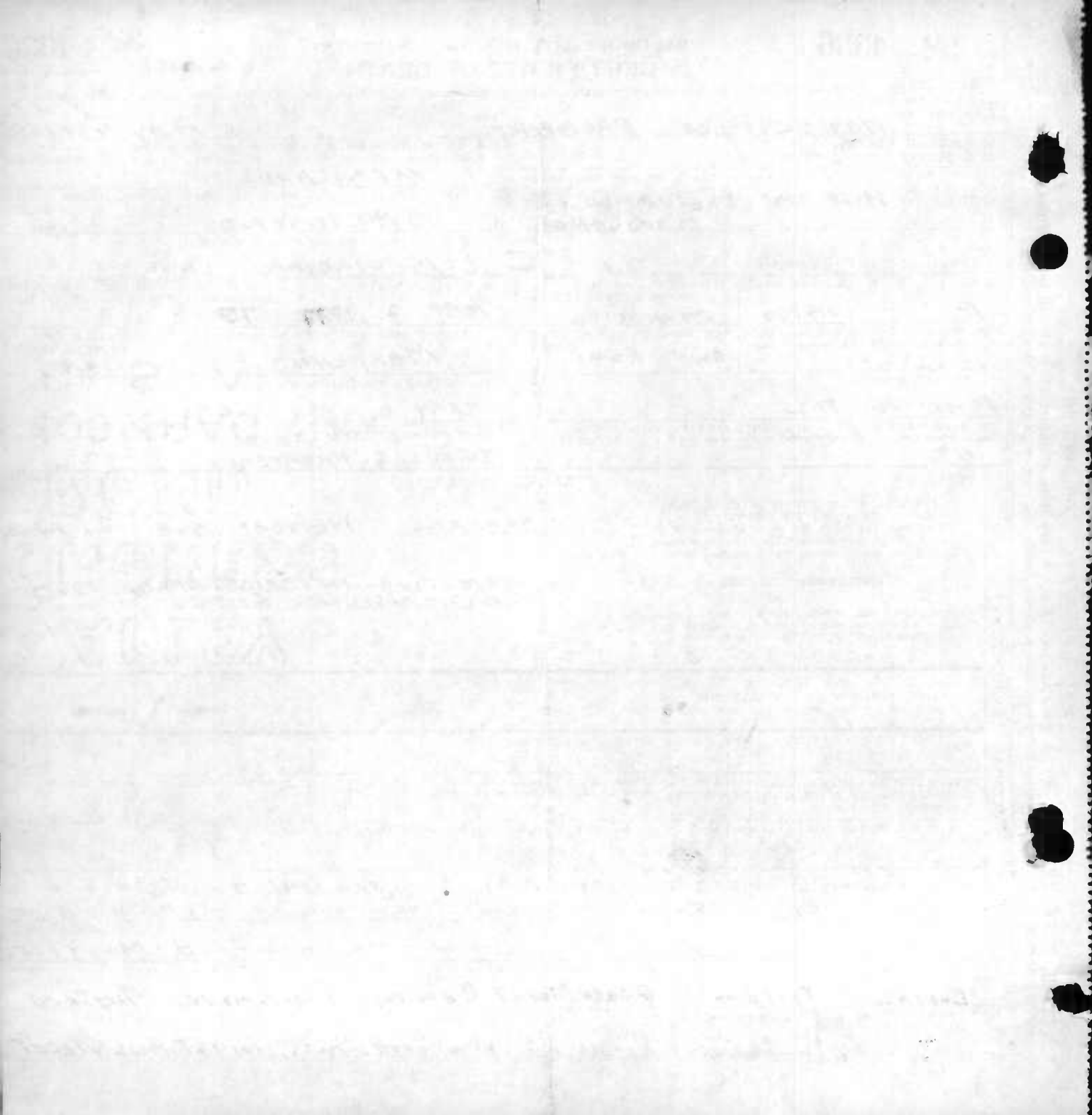
ADDRESS

Wm. Cook, Inc., 1217 ST. PAUL STREET

MAY 7 - 1952
VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



S-340

ALBERT GLEN

SOUTHALL

52 4337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4337

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Glen Southall

2. DATE
OF
DEATH

5-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-12

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

419 Rosebank Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-28-1898

9. AGE (In years
last birthday)

5-3

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Paper

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Albert John Southall

14. MOTHER'S MAIDEN NAME

Mabel Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital

18.

420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

ASNO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1952 to 5-5, 1952, that I last saw the
deceased alive on 5-5, 1952, and that death occurred at 12:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur S. Nelson

M. D.

23B. ADDRESS

Baltimore Memorial Hosp

23C. DATE SIGNED

May 5 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cott Inc 1217 St. Paul St.

MAY 7 - 1952

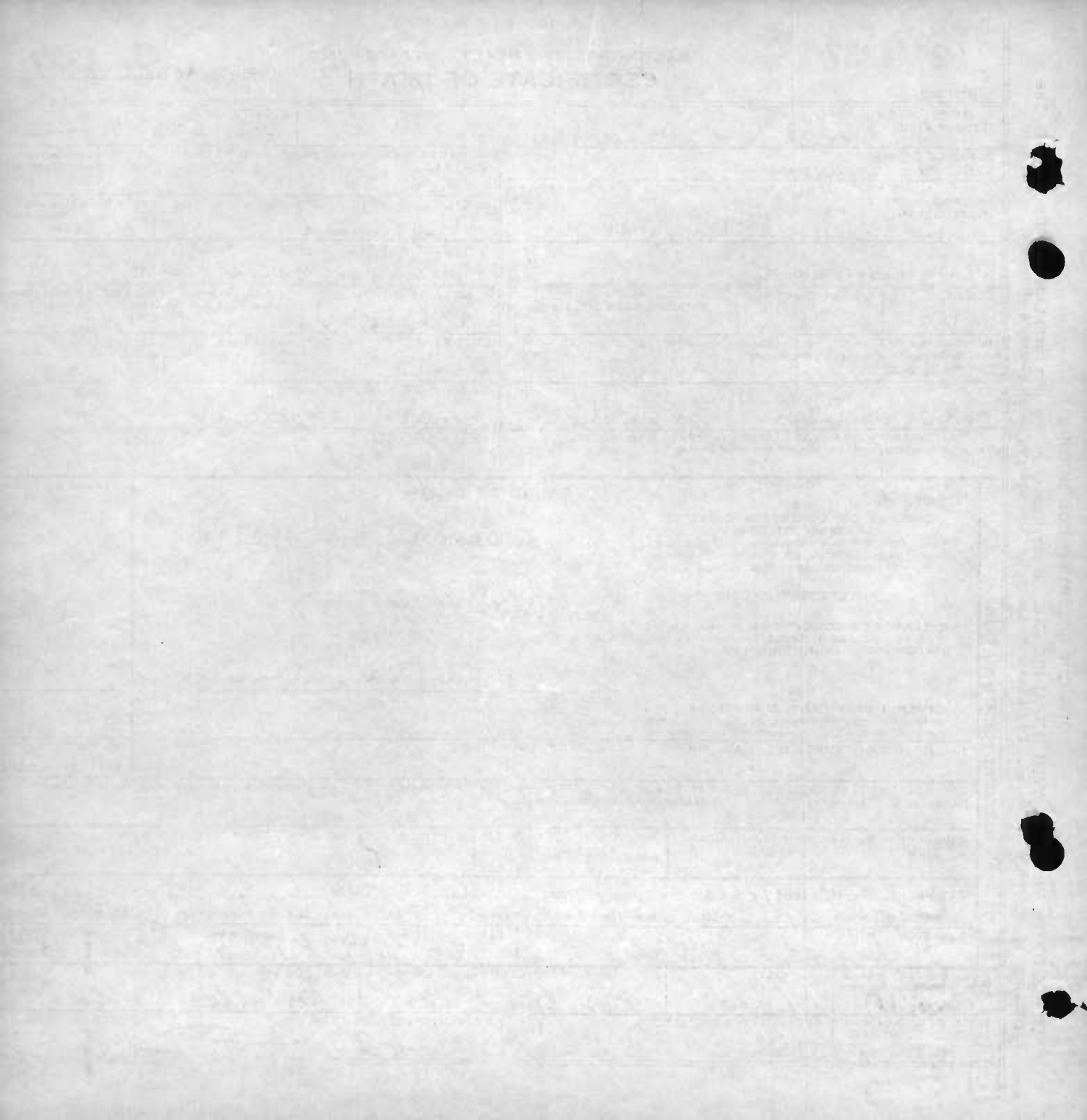
VS 150

49068

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 4338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4338

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

3 (b) If veteran, name war

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

9. Birthplace

10. Usual Occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a)

(Burial, cremation, or removal)

(b) Date thereof

(month) (day) (year)

(c) Cemetery

Location

18 (a) Funeral director

(b) Address

19 (a)

(Date rec'd by registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I certify that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on

Immediate cause of death

Due to

Due to

Other Conditions

Date of operation

Major findings of operation:

of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at

M

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur about home, on farm, industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

Date signed

M. D.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

52 4339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4339

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Barnes

2. DATE
OF
DEATH

May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

421 Forest St

c. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Long Shoreman

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Barnes

14. MOTHER'S MARDEN NAME

Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

✓

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Mycobacterium tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Massive BI in lung
Hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

J. G. Denecker

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1952 to 5/5, 1952 that I last saw the
deceased alive on NOA, 19, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. G. Denecker Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, M.D.

Lottie Gross - 1408 Ashland Ave

VS 150

94055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Melvin Neubich

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Mercy Hospital

C. CITY OR TOWN

Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

410 E. 31st St.

c. Length of stay in Baltimore

45

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 19, 1906

9. AGE (in years last birthday)

45

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cab Dispatcher

10B. KIND OF BUSINESS OR INDUSTRY

Sun Cab Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles A. Neubich

14. MOTHER'S MAIDEN NAME

Laura Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Charles M. Neubich - 410 E. 31st St.

18. 445X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Malignant Hypertension

DUE TO

2 1/2 mo.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1952, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. C. Chirost, M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

May 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. H. Meier, Son 805 N. Calvert St.

ADDRESS

MAY 7 - 1952

VS 150

290 54

STATE OF NEW YORK
DEPARTMENT OF HEALTH

2

John Lee Co

Traders

and

the Charles W. Smith & Co.

100 Broadway New York

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4341
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wm. Ernest F. ARMSTRONG

2. DATE
OF
DEATH

5.5.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

39 Yrs.

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August, 1878

9. AGE (in years
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Mech. Engineer

13. FATHER'S NAME

James Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Catherine Fishbaine

17. INFORMANT

ADDRESS

G. Gordon Armstrong Wallerley, Mass.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Thrombosis of r. iliac artery

DUE TO

arteriosclerotic cardiovascular disease

(B)

Auricular fibrillation

DUE TO

old gastroenterostomy adhesions

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.9.1952 to 5.5.1952 that I last saw the deceased alive on 5.5.1952 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sgt. J. L. Linn

M. O.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Dorsey Ridge

24D. LOCATION (City, town, or county)

Takesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Ho. W. Meade and Son 505 N. Calver St.

52 4342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4342

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ellen B. Powers

2. DATE
OF DEATH May 5th., 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
1851 Harford AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1851 Harford Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 7th. 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months Days

5

28

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael F. Leonard

14. MOTHER'S MAIDEN NAME

Ellen Moogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss. Genevieve B. Powers - 1851 Harford
Avenue

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

2.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardiac Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Sen. Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chr. Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1952 to May 5, 1952, that I last saw the
deceased alive on May 1, 1952, and that death occurred at 10 m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 9th., 1952

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer Cemetery, Belair Road, Balto: Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, M.D. George J. Ruth, Inc. - 1735 Harford Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NO. 107, 1902

John H. Smith

White

1011 1/2 1st Street

101 1/2 1st Street

Male

White

Male

101 1/2 1st Street

Male

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

101 1/2 1st Street

M-460

52 4343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4343
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARA

MILLER

2. DATE
OF
DEATH

May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-02

D. STREET ADDRESS (If rural, give location)

5101 Liberty Heights Avenue

c. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 5 1906

9. AGE (In years
last birthday)

46

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John C. Phillips

14. MOTHER'S MAIDEN NAME

Katherine Kindrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ave

William S. Miller 5101 Liberty Hgts

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ruptured congenital aneurysm of circle

arteries of Willis with subarachnoid and
subdural hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William S. Miller

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 8 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4204 Ridgewood Ave

VS 151

0938V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully submitted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEATH CERTIFICATE

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Date of filing	

W-416

52 4344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4344

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CECILLE BLANCHE WOELPER

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1808 Sulgrave Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

1808 Sulgrave Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 25, 1874

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wesley Gibson

14. MOTHER'S MAIDEN NAME

Malvina Benton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. E. F. Woelper - 3625 Elkader Rd.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Cervix

DUE TO

(C)

One year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1952, to May, 1952, that I last saw the
deceased alive on May 4, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. B. Brandon

23B. ADDRESS

M. D.

1606 Kelly Ave.

23C. DATE SIGNED

5/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 7 - 1952

REGISTRAR'S SIGNATURE

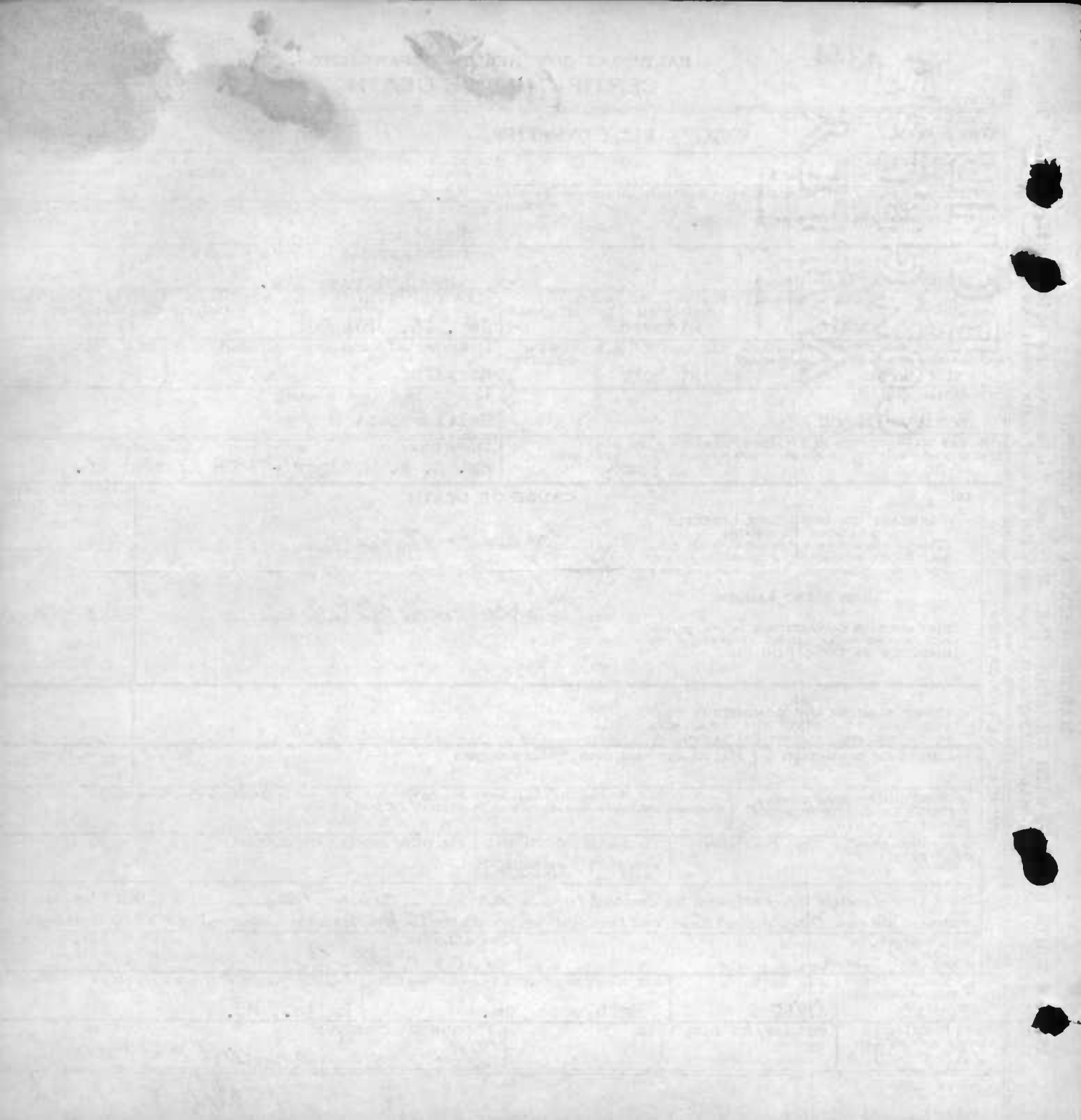
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Vickner & Sons

ADDRESS

Balto 17, Md.



52 4345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4345

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA. E. M. Spengemann

2. DATE
OF
DEATHMAY 6
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONPine Crest Nursing Home
500 S. Chapel Gate Lane4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3102 Harford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

April 1, 1875

9. AGE (In years;
last birthday)

77

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Building Supplies

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter H. Spengemann

14. MOTHER'S MAIDEN NAME

Catherine Eckhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Arthur Miller - 3504 Edgewood Rd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) CHRONIC Myocarditis AND
DUE TO MYOCARDIAL Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio-Vascu-
LAR DISEASE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Generalized Arteriosclerosis
Sensitivity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1952 to MAY 6, 1952 that I last saw the
deceased alive on MAY 5, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin W. Borden M. D.

23B. ADDRESS

5000 Old Frederick Rd

23C. DATE SIGNED

5/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

Baths 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4346

BIRTH NO. 52 4346

1. NAME OF DECEASED (Type or Print) Margaret C. Rosch			2. DATE OF DEATH May 5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 321 E. 30th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 12-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 321 E. 30th St.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 31 1878		9. AGE (in years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10B. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Balto.
13. FATHER'S NAME Charles Rosch			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Johanna Boehm			ADDRESS 321 E. 30th St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Coronary Thrombosis		DUE TO	immediate
ANTECEDENT CAUSES		(B) Arterio-sclerotic C.V.D.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 , to 5/5 , 19 52 , that I last saw the deceased alive on 5/5 , 19 52 , and that death occurred at 12:40 a. m., from the causes and on the date stated above.					
23A. SIGNATURE A. J. Brattley		23B. ADDRESS 5829 Belair Rd.		23C. DATE SIGNED 5/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 8 1952		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM.	
24D. LOCATION (City, town, or county) (State) FREDERICK ROAD MD.		24E. FUNERAL DIRECTOR 7110 BELAIR ROAD		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 7110 BELAIR ROAD	

5829 Bul M

B-560
52 4347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4347

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Behner

2. DATE
OF
DEATH

5-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 1537 Aliceanna StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore, Md. township)

D. STREET ADDRESS (If rural, give location)

1537 Aliceanna Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

12-27-18

9. AGE (in years
last birthday)

33

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
Housewife INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
USA COUNTRY?

13. FATHER'S NAME

Frank Curtain

14. MOTHER'S MAIDEN NAME

Ella Louise Clarkson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Wilbert Behner- Hus.

ADDRESS

same

18. 174X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Metastatic Carcinoma
of LungINTERVAL BETWEEN
ONSET AND DEATH

8 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of uterus

13-Month

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to May 5, 1952, that I last saw the
deceased alive on May 4, 1952, and that death occurred at 9:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-8-52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, Jr.

Lilly & Zeiler, inc -403 S. Wolfe Street

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

E-153

52 4348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4348

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROSE EVENTOVE

2. DATE
OF
DEATH

5-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Levin dale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-03

c. Length of stay in Baltimore

3

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2211 West North Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

81

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nathan

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Jos. Eventove - 2601 Garrison Blvd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

10 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2 1951, to 5-6, 1952 that I last saw the deceased alive on 5-6, 1952 and that death occurred at 11 50 pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levin dale Home

23C. DATE SIGNED

5-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-7-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Leary, Inc.

ADDRESS

2100 Eutaw Pl

MAY 7 - 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BOND

WATLEY

[Handwritten signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

52-12469

52 4349

1. NAME OF DECEASED
(Type or Print)

Baby Joseph Mogavero - MOGAVERO

2. DATE
OF
DEATH

5/6/952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-02

D. STREET ADDRESS (If rural, give location)

507 S. Ellwood Ave #24

c. Length of stay in Baltimore

10 hrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/6/952

9. AGE (in years last birthday)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anthony Mogavero

14. MOTHER'S MAIDEN NAME

Catherine Scaffidi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Mogavero 507 S. Ellwood Ave

18.

776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/6, 1952, to 5/6, 1952, that I last saw the deceased alive on 5/6, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

P. Valacich M. D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

5/7/952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-7-52

Holy Redeemer Cemetery

1430 Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1952

Huntington Williams, M.D.

Frank Della Lora 322 S. High St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11/15/52
 CERTIFICATE CORRECTED 5/13/52 ES
 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 4350

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

72 11/2 L. Chervier

2. DATE
OF
DEATH

5/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-43

c. Length of stay in Baltimore Yrs.
Mos.
Days

25 yrs

D. STREET ADDRESS (If rural, give location)

2201 Washington B!

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

11 May 1898

9. AGE (In years,
last birthday)

54

10 Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tom Bull

14. MOTHER'S MAIDEN NAME

Mrs. Mary L. Bull

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Husband

ADDRESS

Same

18. 057.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Septicemia

?

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Meningococcemia

(over)

Acute interstitial pneumonia

1 day

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senile obesity

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from May 6, 1952, to May 6, 1952, that I last saw the
deceased alive on May 6, 1952, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

A. S. Nelson

M. O.

23B. ADDRESS Union Memorial Hosp
Baltimore 18 Maryland May 6, 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

5-9-52

Baltimore Nat Cen

Frederick 182

MAY 7 - 1952

Huntington Williams, M.D.

Edward J. Nelson

Correction from CD Card # 17343 from Union Memorial Hospital
signed by Dr. Watt - Date of report May 8, 1952

also

see query reply in Document File

cause underlying condition

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Robert K. M. Easter*2. DATE
OF
DEATH*May 5 - 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2700 Whitney Ave*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*BALTIMORE**27-19*

D. STREET ADDRESS (If rural, give location)

2700 WHITNEY AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

*WHITE*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*WIDOWER*

8. DATE OF BIRTH

*May 16 - 1919*9. AGE (in years
last birthday)*72*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Wholesale Dry Goods*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Frank Royal Va*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James W. Easter

14. MOTHER'S MAIDEN NAME

*Marquette Muller*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.*213-65-0333*

17. INFORMANT

ADDRESS

K. Marquette Easter

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH *2700 Whitney Ave.*(A) *Coronary Thrombosis*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*8 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Arteriosclerosis*

DUE TO

(C) *Cardio Vascular Disease**about
10 years*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *September, 1950*, to *May*, 1952, that I last saw the
deceased alive on *4 May, 1952* and that death occurred at *5 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Huntington L. Keown

M. D.

23B. ADDRESS

431 East Lake Ave

23C. DATE SIGNED

*6 May 1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

May 7 - 52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem. Pikesville Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E. Elsworth Annasos

Dr Keown - 1938 Linden Ave :

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

VMO-158320

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanley Felkoski

2. DATE
OF
DEATH

5-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

228 S. Collington Ave.

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 6, 1893

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman RET

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Fire Dept.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? ? Joseph Felkowski

14. MOTHER'S MAIDEN NAME

? Anna Pakierska

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
Records-Baltimore City Hospitals
4940 Eastern Ave. ✓

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) (Presumptive) Tuberculous Pneumonia

DUE TO

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Alcoholic

? yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-1952 to 5-6-1952, that I last saw the
deceased alive on 5-6-1952, and that death occurred at 7:00A. m., from the causes and on the date stated above.

23A. SIGNATURE

B. D. Crozer

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City and county)

Baltimore.

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

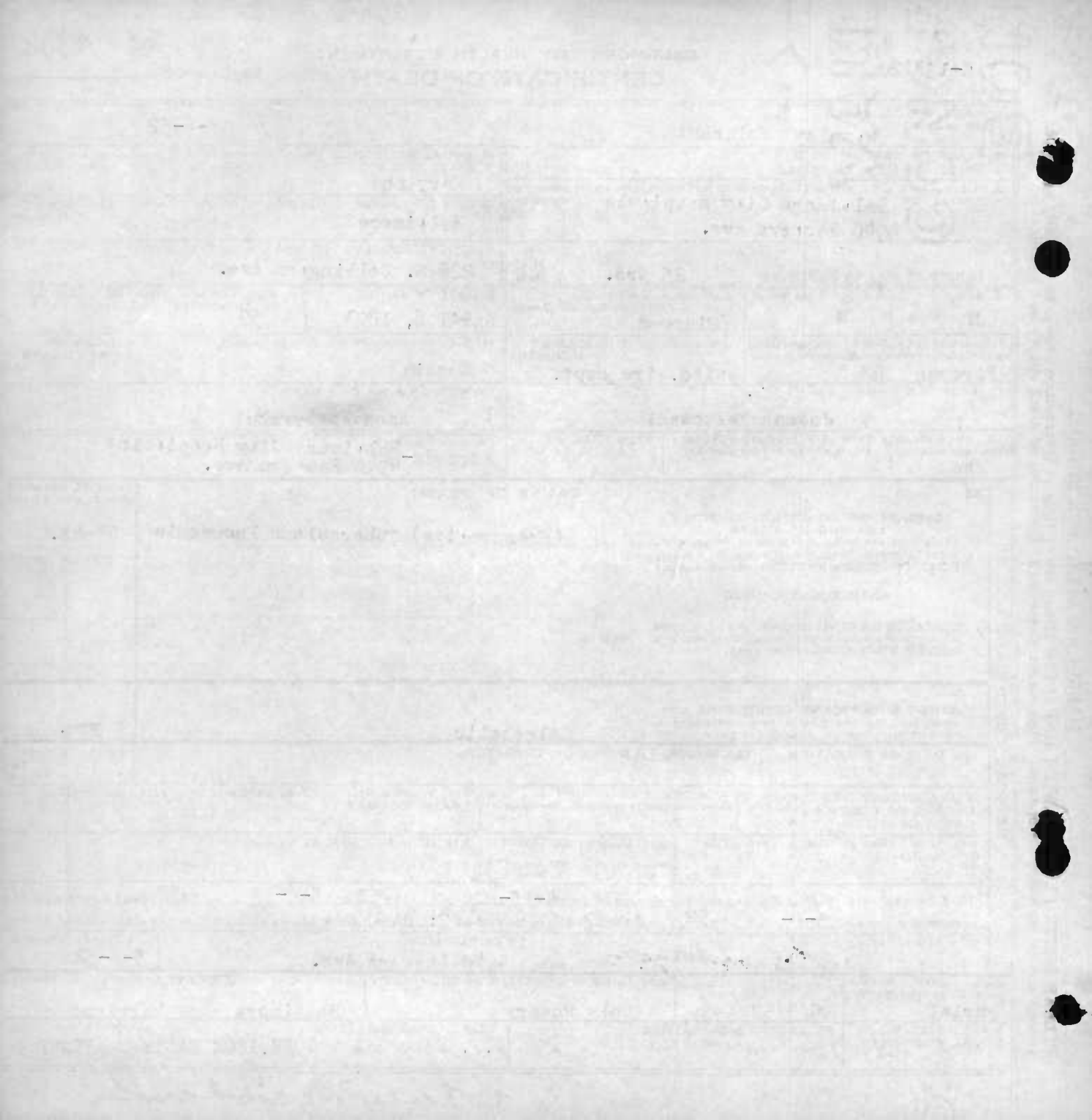
MAY 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4353

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT E. KELM

2. DATE
OF
DEATH May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2885 Chesterfield Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

27-01

D. STREET ADDRESS (If rural, give location)

2885 Chesterfield Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 10, 1875

9. AGE (in years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

Self-employed

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel M. Kelm, 2885 Chesterfield

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of sigmoid with
metastasis

1 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Inanition

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/17/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Sigmoid

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1950, to May 6, 1952, that I last saw the
deceased alive on Jan 16, 1952, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Groves E. Mey

23B. ADDRESS

2401 Linden Avenue

23C. DATE SIGNED

5/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

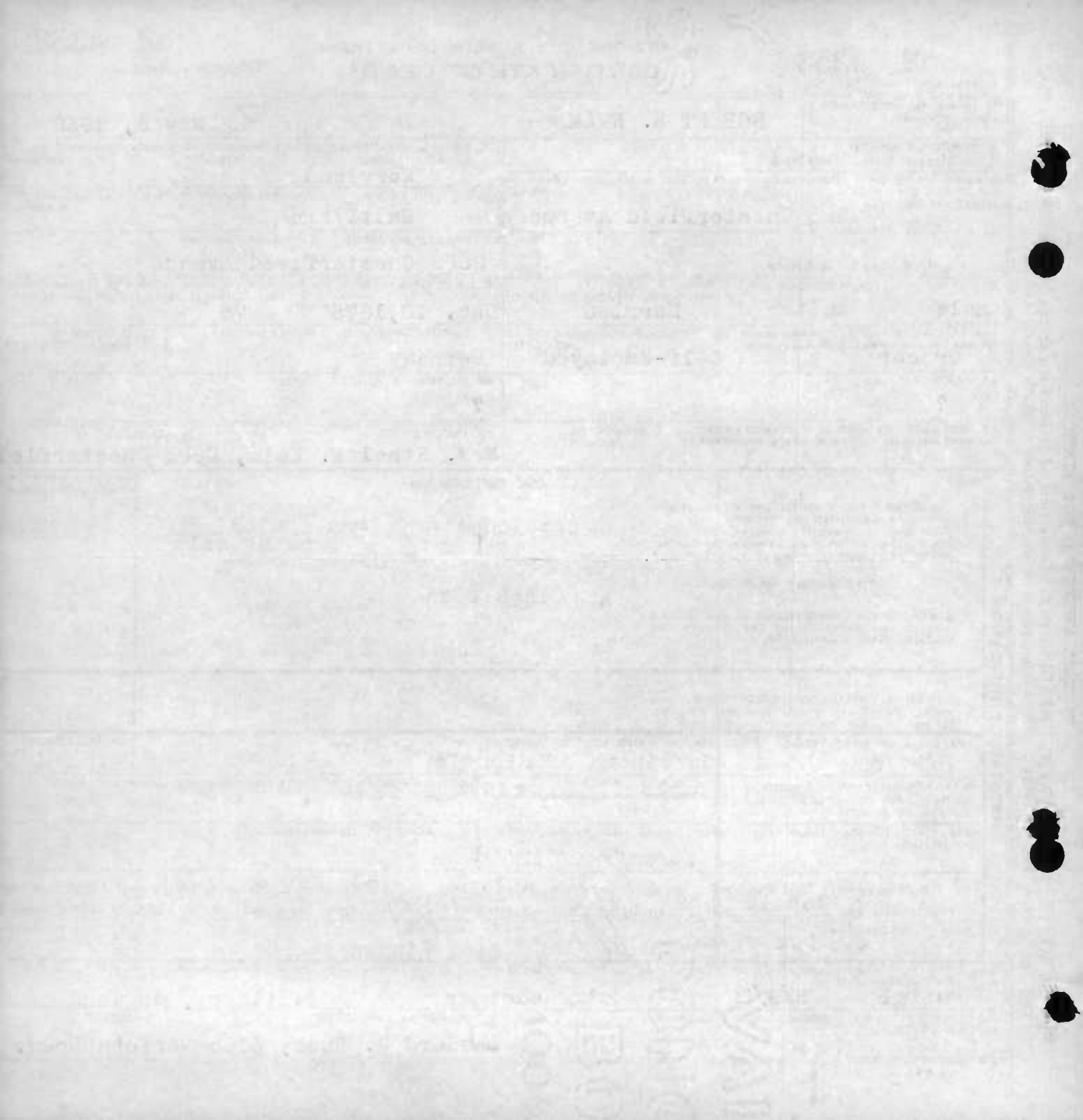
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



52 4354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4354
Registered No.

BIRTH NO.			2. DATE OF DEATH 5/5 '52		
1. NAME OF DECEASED (Type or Print) ELAINE ELAINE A. RICE					
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Luthera Hospital of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24 1-02		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 516 S. Curley Street. Baltz 24		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 20 Dec. 1917		9. AGE (In years last birthday) 34
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House. Work		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William M. Currier			14. MOTHER'S MAIDEN NAME Rose Pruett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Charles L. Rice		
			ADDRESS 516 S. Curley St.		
18. 153X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of bowel with generalized metastases. DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH years.
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/20 , 19 54 to 5/5 , 19 54 that I last saw the deceased alive on 5/5 , 19 54 and that death occurred at 150 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. F. Bremer		23B. ADDRESS Luthera Hospital		23C. DATE SIGNED 5/5 '52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 8, 1952		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
		24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave., Ba. Co., Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Charles L. Gailer, 901 S. Conkling St.	

Charles Gordon
for 3588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Katik

2. DATE
OF
DEATH

May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-31-36

9. AGE (In years
last birthday)

15

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Katik

14. MOTHER'S MAIDEN NAME

Veranoca Malec

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac Failure

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Myelogenous Leukemia

4 wks

(C) DUE TO

Chronic Myelogenous Leukemia

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1952 to 5-5, 1952, that I last saw the deceased alive on 5-5, 1952, and that death occurred at 5:03 pm., from the causes and on the date stated above.

23A. SIGNATURE

Frederick W. Quirk

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 8/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

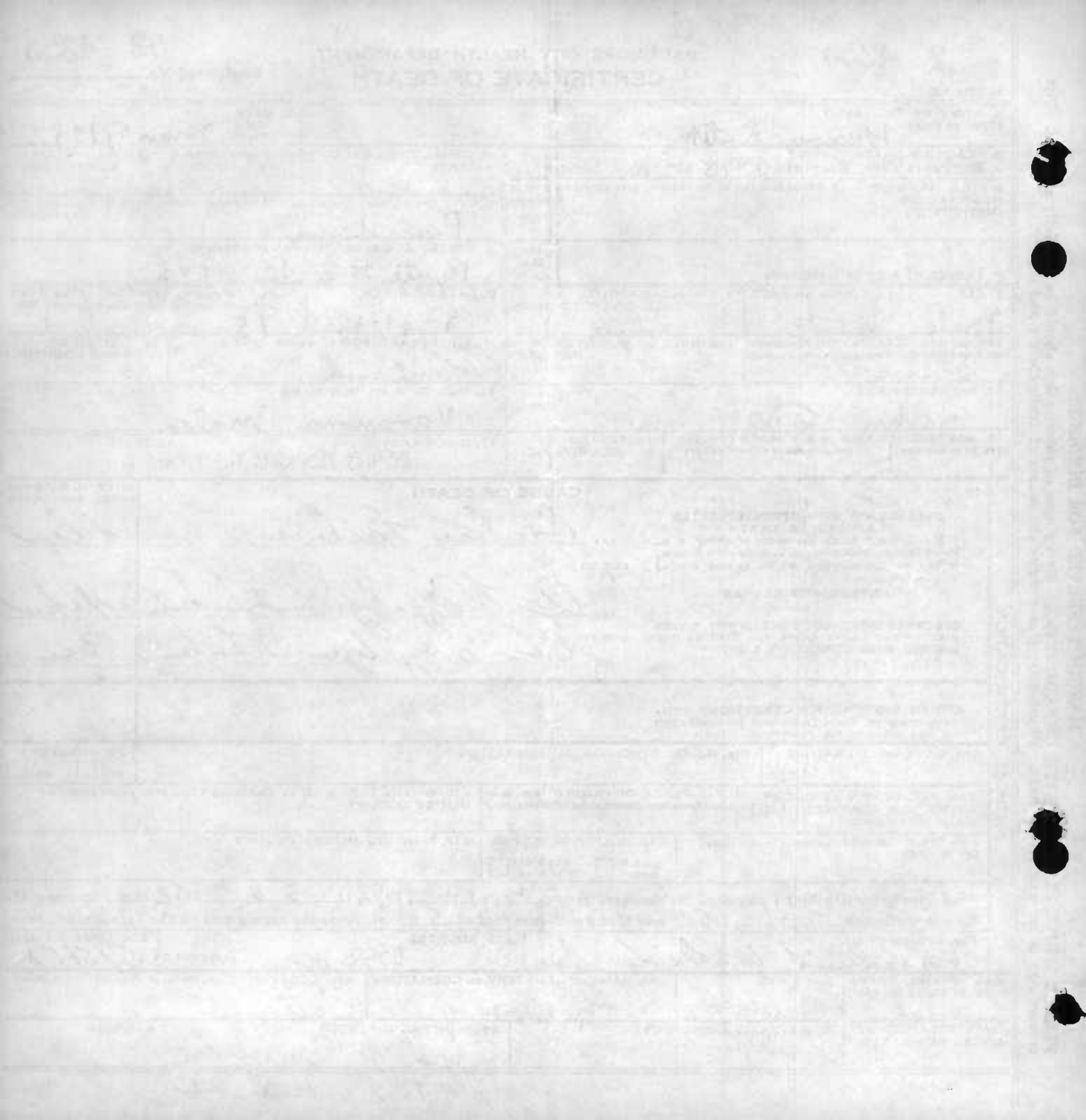
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fred W. Ozzyus

ADDRESS

1950 Eastern Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4356BIRTH NO. 52 4356

1. NAME OF DECEASED (Type or Print) <u>Apolonia Pauline Dereniewicz</u>			2. DATE OF DEATH <u>May 5/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>523 S. Dallas St.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>523 S. Dallas St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 3-01</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>523 S. Dallas St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1893</u>		9. AGE (In years last birthday) <u>59</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William Pasko</u>			14. MOTHER'S MAIDEN NAME <u>Josephine Pasko</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5/6/52</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Cardio.</u>			(A) DUE TO		
			(B) DUE TO <u>Valvular Disease</u>		
			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1 1952</u> , to <u>May 7 1952</u> , that I last saw the deceased alive on <u>May 5 1952</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>William J. Roemer</u> M. D.			23B. ADDRESS <u>2012 Kewwood</u>		23C. DATE SIGNED <u>5/2/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 8/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 7 - 1952</u>			
REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		FUNERAL DIRECTOR <u>Fred W. Ozazowski</u>			
		ADDRESS <u>1930 Eastern Ave.</u>			

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		G. AETANO R. LAZZARO		May 4, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived before admission)		5. COUNTY	
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS	
South Baltimore General		Baltimore		1403 N. Linwood ave	
c. Length of stay in Baltimore		E. DATE OF BIRTH		F. AGE (in years last birthday)	
LIFE		Feb. 17, 1912		40	
7. SEX		8. COLOR OR RACE		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
male		white		married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Laborer		Tucker Body		Baltimore Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)	
Angelo Lazzaro		Theresa Lazzaro		216-01-2165	
16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH	
216-01-2165		Carmela Lazzaro		1. Acute congestive heart failure	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		2. Pneumonia, right			
ANTECEDENT CAUSES		3. Sclerosis of lungs			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		4. Acute gastritis for duodenal ulcer			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
4/30/52		Gastro-enterostomy and Vagotomy - Duodenal Ulcer		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4 - 9, 1952 to 5 - 4, 1952 that I last saw the deceased alive on 5 - 4, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Felipe S. Castro		1213 Light Street		5-4-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		May 8, 1952		Most Holy Redeemer	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
7-1-52		Huntington Williams		Wendell J. Hippel	
				312 Highland ave	

SEE Document File 52-4357

5/19/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4358BIRTH NO. 52 4358

1. NAME OF DECEASED (Type or Print) GEORGE WERNER			2. DATE OF DEATH May 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1718 East Pratt Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 8, 1969	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Old age Pension	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME August Werner			14. MOTHER'S MAIDEN NAME Catherine Yader		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ada. Weis		
			ADDRESS 4119 Park Heights		

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dineen

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

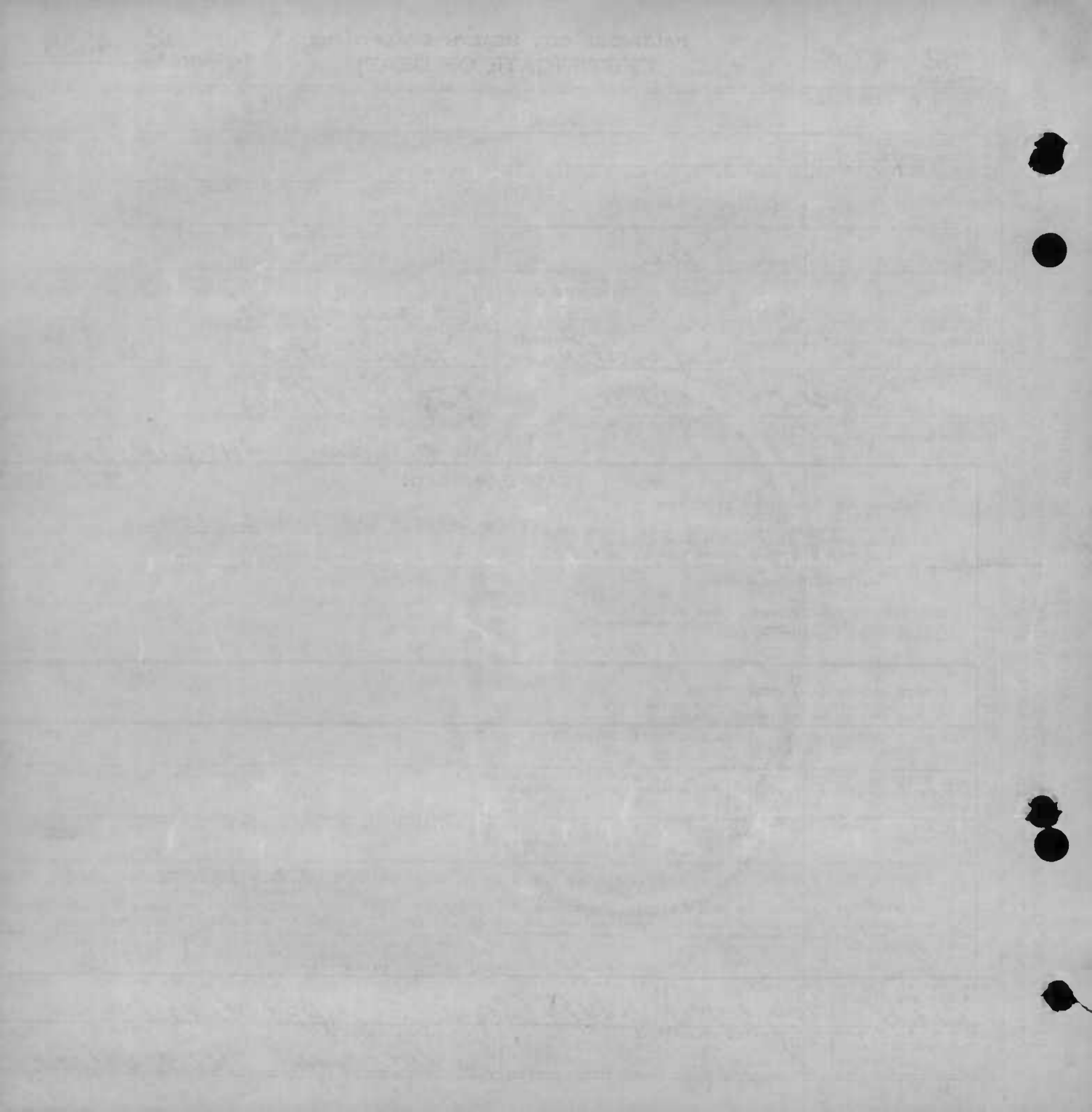
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PREVIOUSLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

140

52 4359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4359

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH C. SIPPEL, JR.

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2314 N. Howard Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

518 Murdock Road

5300

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 30, 1902

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner, Jos. C. Sippel Floor. Eng. Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Sippel

FLOODING CONTRA

14. MOTHER'S MAIDEN NAME

Caroline Paulsen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Myrtle Sippel, 518 Murdock Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Coronary atherosclerosis E

3-4 years

(C) previous infarction

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 11:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Ernest C Brown Jr.

23B. ADDRESS

M. D. 1101 N. Calvert St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 7 - 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

am signing for Dr. Joseph D. B. King who has followed this patient for several years. I had never seen Pt. alive. c.c.A.

Dr. Ernest Brown
1101 N. Calvert St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4360

BIRTH NO. 52 4360

1. NAME OF DECEASED
(Type or Print)

GHEEN, DAVID

2. DATE
OF
DEATH

5/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

37 Mercy Hospital

C. Length of stay in Baltimore

60 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 1869

9. AGE (in years
last birthday)

82

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Factory

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture finisher

13. FATHER'S NAME

? Unknown

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S M A R R I E D N A M E

? Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Saul G. Horn 5105 Greenhill Ave

18. 443x and 181x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebro-vascular accident

INTERVAL BETWEEN
ONSET AND DEATH

11 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive arteriosclerosis

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Papillary ca of bladder

9 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 PM 5/6, 1952, to 750 5/6, 1952, that I last saw the
deceased alive on 5/6, 1952, and that death occurred at 750 P m., from the causes and on the date stated above.

23A. SIGNATURE

R R Perille

23B. ADDRESS

Mary Hall

23C. DATE SIGNED

5/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

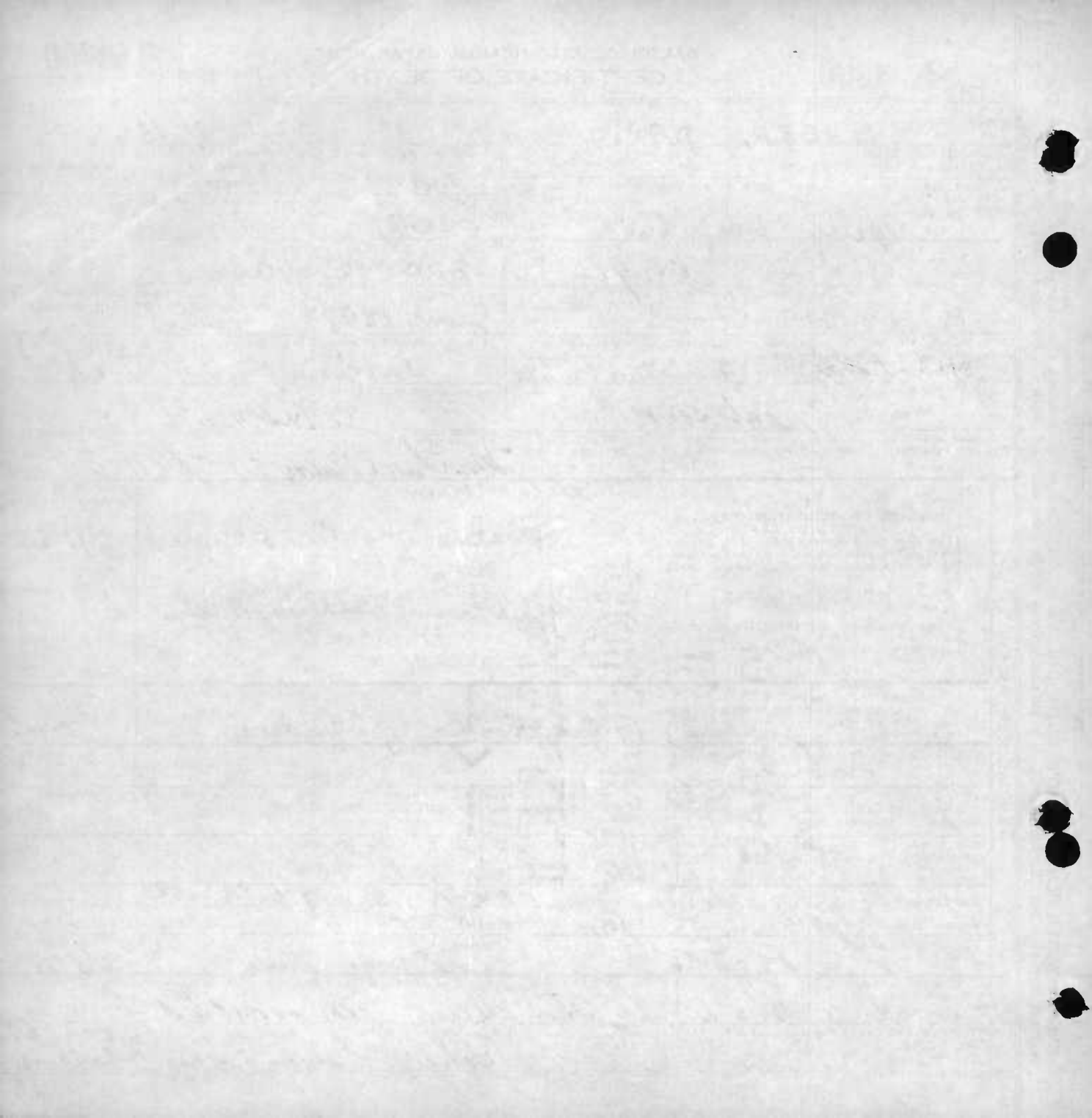
ST.

MAY 7 - 1952

Huntington Williams, Jr.

John F. Cowan & Son

21 Collins



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN

JEROUSEK

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

25-52

D. STREET ADDRESS (If rural, give location)

2825 Georgetown Road

c. Length of stay in Baltimore

70 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 1, 1858

9. AGE (In years
last birthday)

94

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Jerousek

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mary Owen, 2825 Georgetown Road

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Fracture of surgical neck of right
humerus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2825 Georgetown Road

25/52

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 2, 1952 8:30

A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down steps

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death, in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-8-52

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

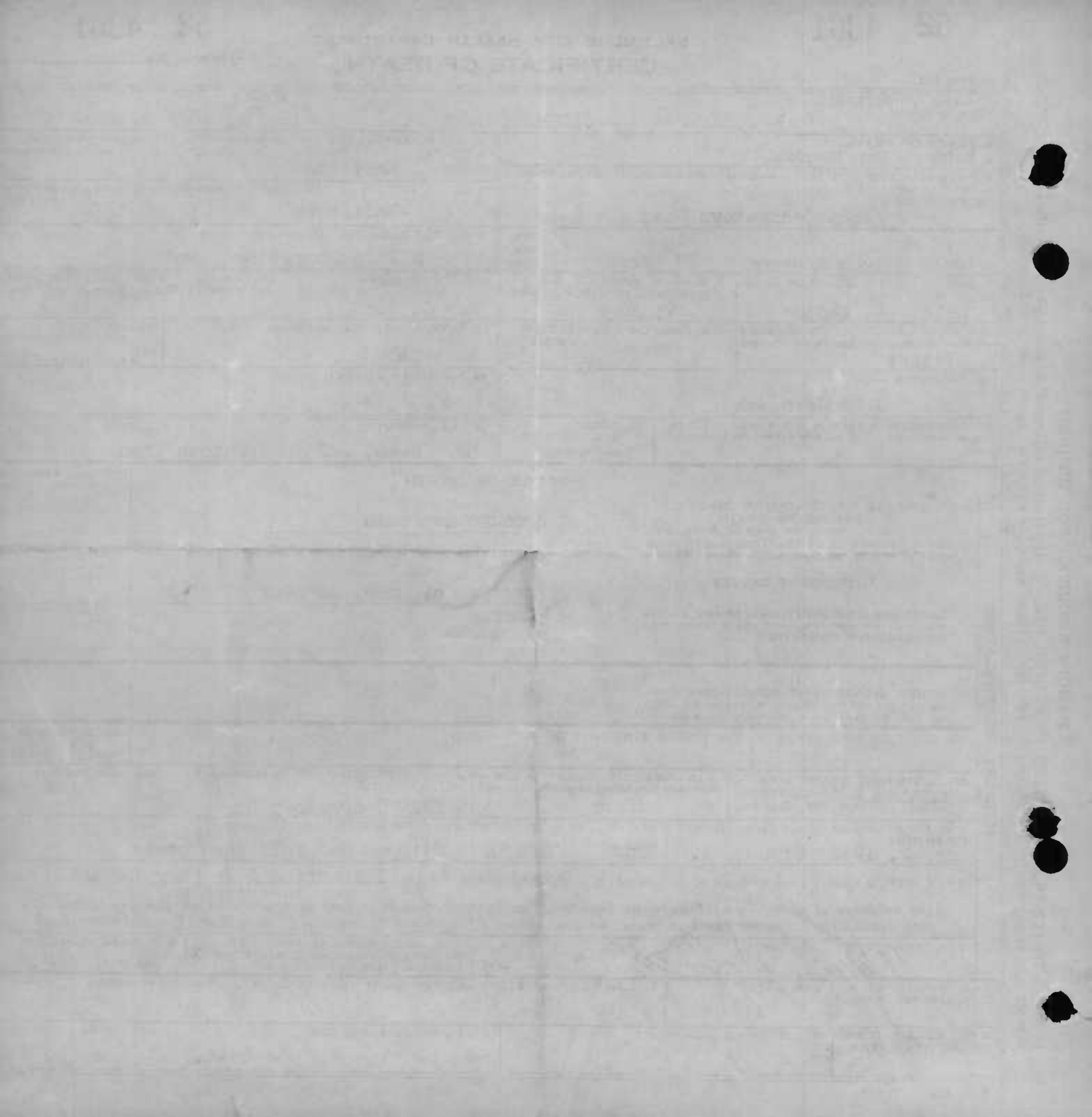
25. FUNERAL DIRECTOR

ADDRESS

FR. CRACHSON 900 N. CHESTER ST

VS 151

N 812.0



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 4362**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susanne Power

2. DATE
OF
DEATH **May 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland**
B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Hood Nursing Home
5313 Edmondson AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

W. Lanvale Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Feb. 11, 1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? Gardell

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mrs. Loretta P. Hartley, 4507 Manordene Rd.18. **331X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Cerebral Hemorrhage 1 week
Generalized Arterio Sclerosis

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1951, to May 6, 1952, that I last saw the
deceased alive on May 6, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James F. Gotswead

M. D.

23B. ADDRESS

Catonsville

23C. DATE SIGNED

5-7

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

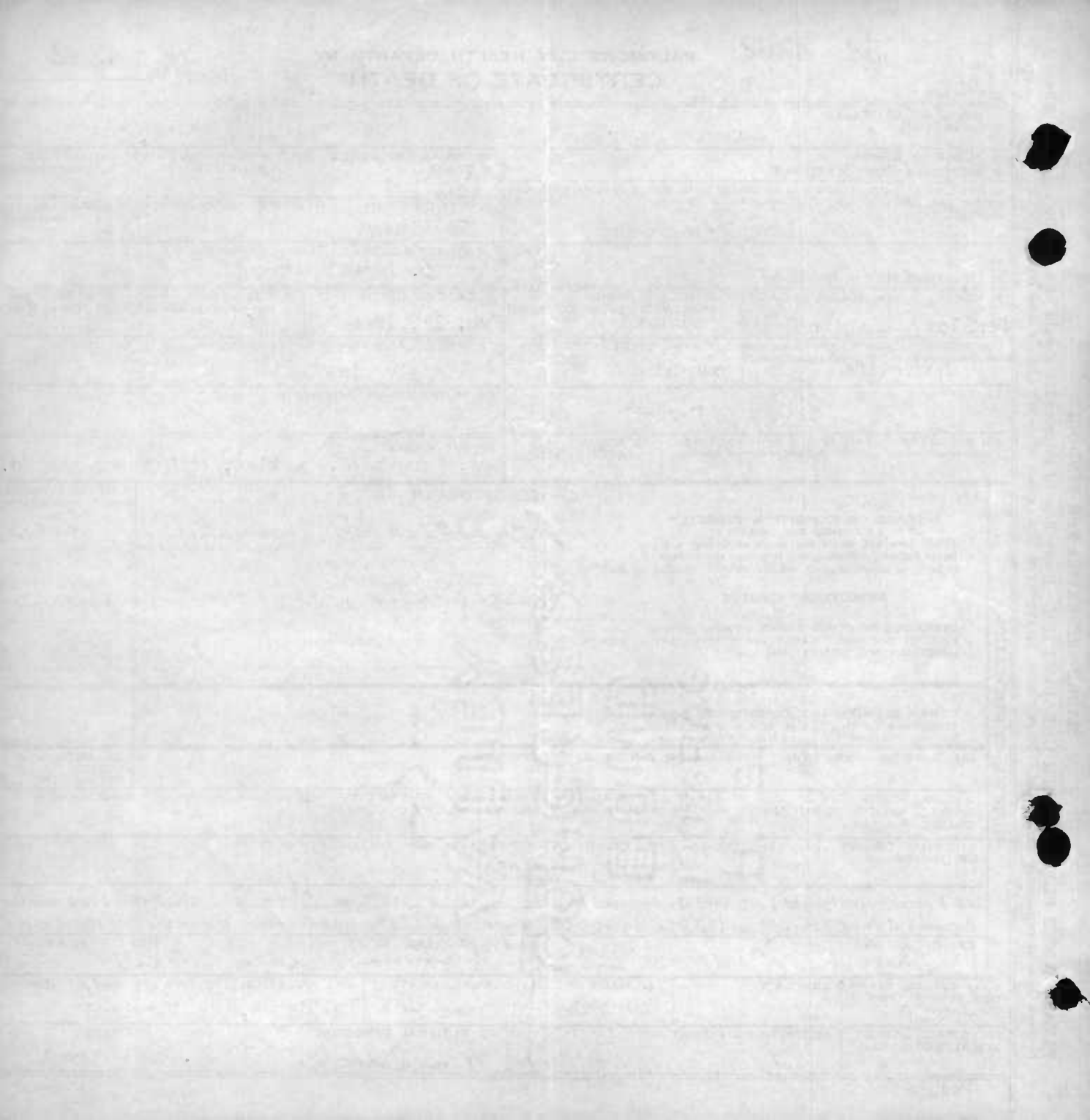
25. FUNERAL DIRECTOR

Wm. Cook & Co.

ADDRESS

1217 St. Paul Street

MAY - 1952



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Fannie Hall*2. DATE
OF
DEATH*5/5/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution: residence
A. STATE *md.* B. COUNTY *city* (before admission))B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*505 - Robert street*C. CITY OR TOWN (If outside corporate limits write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

505 Robert st.

c. Length of stay in Baltimore

life.

5. SEX

F

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)*W*

8. DATE OF BIRTH

*5-?-1880*9. AGE (In years
last birthday)*72*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Schoolteacher School*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Florida*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Rm Shadrack Kerr

14. MOTHER'S MAIDEN NAME

*Fannie G. ?*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

James H. Williams

ADDRESS

*505 Roberts*18. *593X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *myocarditis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertension*

DUE TO

(C) *nephritis*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Senile changes*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-2*, 19*52*, to *5-2*, 19*52* that I last saw the
deceased alive on *5-2*, 19*52* and that death occurred at *3 P* m., from the causes and on the date stated above.

23A. SIGNATURE

George G. Adams

23B. ADDRESS

2327 W North ave

23C. DATE SIGNED

*5-5-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Roberts Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Halstead

25. FUNERAL DIRECTOR

W. H. Halstead

ADDRESS

918 Druid Hill ave.

BALTIMORE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1962

CHIEF OF MEDICAL EXAMINER
BALTIMORE HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4364

BIRTH NO. 52 4364

1. NAME OF DECEASED
(Type or Print)

JESSIE JOSEPH PRICE

2. DATE OF DEATH
May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1907 N. Hilton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1907 N. Hilton St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 30, 1912

9. AGE (In years last birthday)

39

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Emmitt W. Price

14. MOTHER'S MAIDEN NAME

Minnie L. Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
259-01-605317. INFORMANT ADDRESS
Mr. Samuel Price - 39 Northship Rd. ✓

18. 002X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

CAUSE OF DEATH

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 15, 1952, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 9:10 AM., from the causes and on the date stated above.

23A. SIGNATURE

E. Mendel

M. D.

23B. ADDRESS

651 N. Beutalon

23C. DATE SIGNED

5/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Elkridge, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Son

ADDRESS

Batto 17 Md

Wash. P. Smith, 1888.
Vol. 51, 1888.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

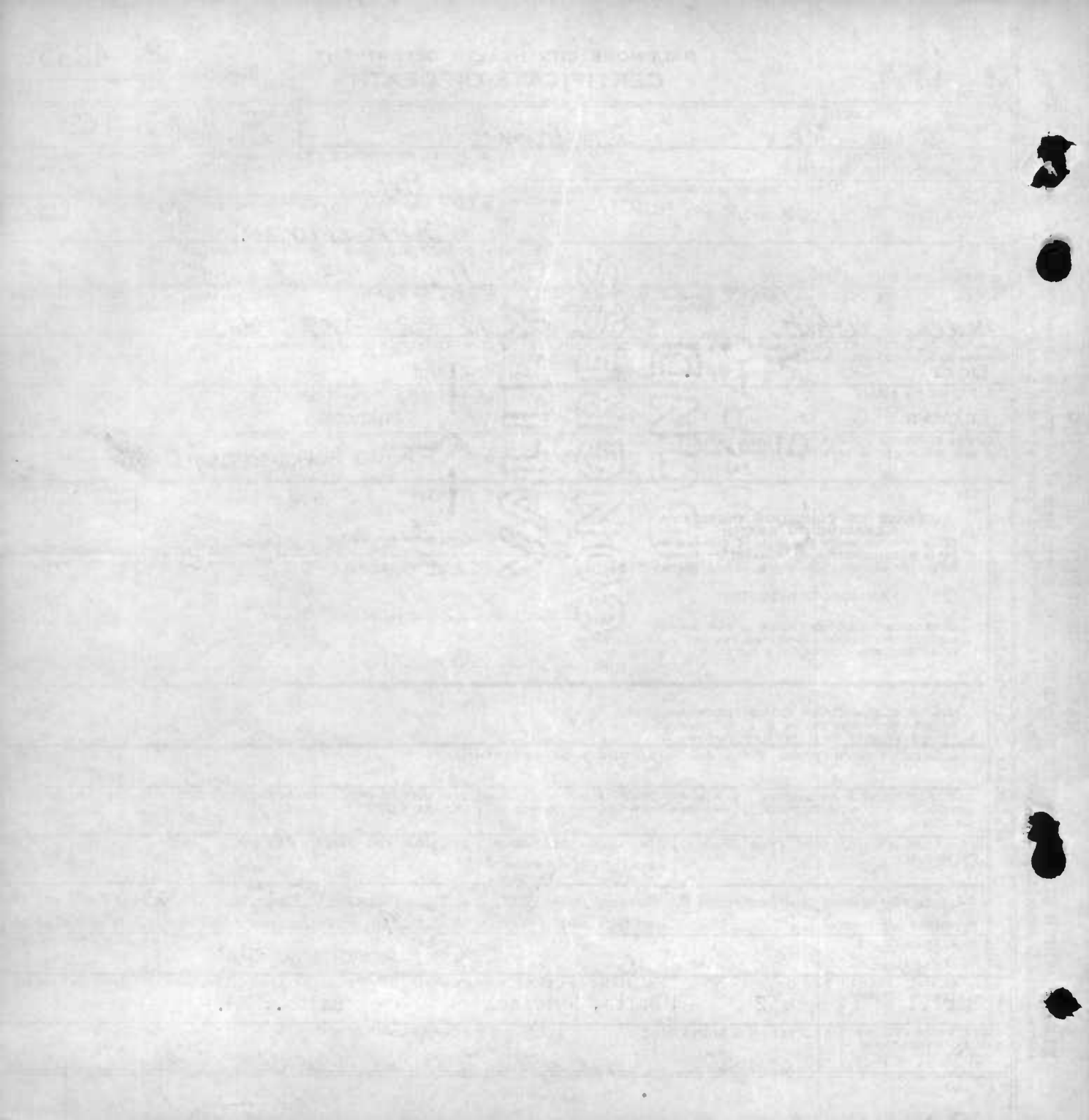
B-

421
52 4365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4365
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD Rex Bellcore		2. DATE OF DEATH MAY 5 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN Baltimore, Md.	
D. STREET ADDRESS (If rural, give location) 1116 E. 33rd. St.		E. CITY OR TOWN Baltimore, Md.	
c. Length of stay in Baltimore Yrs. Mos. Days		F. STREET ADDRESS (If rural, give location) 1116 E. 33rd. St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 12-25-1905
9. AGE (In years last birthday) 46		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10B. KIND OF BUSINESS OR INDUSTRY Dept. Store	
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic lymphocytic leukemia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-5-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-30-1952 to 5-5-1952 that I last saw the deceased alive on 5-5-1952 and that death occurred at 5:30 P.M. from the causes and on the date stated above.			
23A. SIGNATURE Anne B. McKeich		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED			
24A. BURIAL, CREMATORY, REMOVAL (Specify) Burial		24B. DATE 5/8/52	
24C. NAME OF CEMETERY OR CREMATORY Balto. National		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS Balto 17, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4366

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES HENRY SATCHELL

2. DATE
OF
DEATH May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Worcester

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Pocomoke township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore ? 151 days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

6/4/94

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farming

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Satchell

14. MOTHER'S MAIDEN NAME

Missouri Mears

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL
SECURITY NO.
228-01-114817. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 163X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) right
Carcinoma of lung

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1951, to May 6, 1952 that I last saw the
deceased alive on May 6, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

5/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

MAY 8 - 1952

John W. Taylor Cent Temperanceville, re.

William J. Dukew + Sons

10010

W-1 630
52 4367BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4367

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Eleanor Kate Ward		May 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 113 N. Carey St.		A. STATE Maryland B. COUNTY none	
C. LENGTH OF STAY IN BALTIMORE life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 113 N. Carey St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 6, 1861
			9. AGE (In years last birthday) 91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Herbert Umbaugh		14. MOTHER'S MAIDEN NAME Elizabeth E. Scott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Eleanor K. Ward	
		ADDRESS 113 N. Carey St.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO (B) Generalized Arteriosclerosis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 1948, to May 6, 1952, that I last saw the deceased alive on Apr 24, 1952, and that death occurred at 2 a.m., from the causes and on the date stated above.			
23A. SIGNATURE William F Pearce M.D.		23B. ADDRESS 2105 N. Charles St.	
23C. DATE SIGNED 5 - 7 - 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5 - 8 - 52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl. M B Mitchell	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

CHIEF OF CLERK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 4368

52 4368

BIRTH NO.

52-09 713

1. NAME OF DECEASED
(Type or Print)

Infant of Virginia Priestas

(527000)

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-38

D. STREET ADDRESS (If rural, give location)

1647 Walterswood Road - 12

C. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

April 20, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Priestas

14. MOTHER'S MAIDEN NAME

Virginia Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 759.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital defects, multiple

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 20, 1952 to April 22, 1952 that I last saw the
deceased alive on April 22, 1952 and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Kent Busby

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

5/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1952

Huntington Williams, M.D.

1752

52

4369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 4369

BIRTH NO.

82-10093

1. NAME OF DECEASED
(Type or Print)

Baby Girl Williams

2. DATE
OF
DEATH

April 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

20-07

D. STREET ADDRESS (If rural, give location)

2214 W. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-30-52

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.

5 1/2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Williams

14. MOTHER'S MAIDEN NAME

Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH

Premature by
Section

Caesarean Hysterectomy

Chronic Hypertension

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1952, to 4-30, 1952, that I last saw the
deceased alive on 4-30, 1952 and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. J. Taylor

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hospital Disposal

1933

52

WILLIAM H. HARRIS

CERTIFICATE OF DEATH

1933

Name of Deceased		Date of Death	
William H. Harris		April 15, 1933	
Age		65	
Sex		Male	
Race		White	
Marital Status		Married	
Cause of Death		Heart Disease	
Place of Death		Home	
Signature of Physician		J. H. Smith	
Signature of Registrar		A. B. Jones	
Signature of Coroner		C. D. Brown	
Signature of Burial Officer		E. F. Green	
Signature of Undertaker		G. H. White	
Signature of Minister		I. J. Black	
Signature of Cemetery		K. L. Grey	
Signature of Funeral Home		M. N. Blue	
Signature of Family		O. P. Red	
Signature of Friends		Q. R. Purple	
Signature of Neighbors		S. T. Yellow	
Signature of Community		U. V. Green	
Signature of Church		W. X. Blue	
Signature of School		Y. Z. Red	
Signature of Government		AA. BB. Purple	
Signature of State		CC. DD. Yellow	
Signature of County		EE. FF. Green	
Signature of City		GG. HH. Blue	
Signature of Town		II. JJ. Red	
Signature of Village		KK. LL. Purple	
Signature of Hamlet		MM. NN. Yellow	
Signature of Parish		OO. PP. Green	
Signature of Ward		QQ. RR. Blue	
Signature of Precinct		SS. TT. Red	
Signature of District		UU. VV. Purple	
Signature of County		WW. XX. Yellow	
Signature of State		YY. ZZ. Green	
Signature of Nation		AA. BB. Blue	

H-516
52 4370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4370
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman Homberg

2. DATE
OF
DEATH

5/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Windsor Rest Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Balto.

O. STREET ADDRESS (If rural, give location)

710 McHenry St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/4/1873

9. AGE (in years
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Roofing & Tinning

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Homberg

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charlotta Homberg 2647 N. Calvert St.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro-Vascular Accident

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral arteriosclerosis

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 1952, to 5-6, 1952, that I last saw the
deceased alive on 5-5, 1952, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23. SIGNATURE

Stanley Rotenboch

M. D.

23B. ADDRESS

3334 Delfield Ave

23C. DATE SIGNED

5-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Extended

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

0784 88

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF LANDS
JAN 10 1900

100



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4371**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*William M. Martin (Opfer)*2. DATE
OF
DEATH*5-7-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Florida

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Miami - 35

D. STREET ADDRESS (If rural, give location)

101 N.W. 30th Ave

C. Length of stay in Baltimore

16 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1882 Sept 21

9. AGE (In years, last birthday)

*70*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

waiter

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Martin

14. MOTHER'S MAIDEN NAME

Mary Hennelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18. *584X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Hypertensive cardiovascular heart disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cholelithiasis*

DUE TO

(C) *uremia**1 mo.**10 days*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-26-52

19B. MAJOR FINDINGS OF OPERATION

Cholelithiasis & cholecystitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 22, 1952* to *May 7, 1952*; that I last saw the deceased alive on *May 7, 1952* and that death occurred at *10:25 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

H. S. Skipton

23B. ADDRESS

University Hosp

23C. DATE SIGNED

5-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Albany, N.Y.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Baruch M.

ADDRESS

MEMO

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

U. S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

STATE OF TEXAS

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

W-340 For approval of Med. Examiner. Whiteley

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4372 Registered No. 52 4372

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. BENJAMIN WHITELEY			2. DATE OF DEATH MAY 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Union Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28 Catonsville		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 403 Hilton Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 10, 1982	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment banker		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Henry B. Whiteley			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 212-03-1512		
17. INFORMANT Union Memorial Hosp. records.			ADDRESS		

1B. 422.1 and 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cardiac Arrest. DUE TO Anterio-sclerotic Vascular disease. INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of recto sigmoid CERTIFICATION APPROVED BY William H. Jenkins, M.D. CHIEF OF DIST. MEDICAL EXAMINER.	

19A. DATE OF OPERATION 5-6-52		19B. MAJOR FINDINGS OF OPERATION Cardiac massage		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1952, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE William H. Jenkins		23B. ADDRESS Union Mem. Hosp.		23C. DATE SIGNED 5-6-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-9-1952		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK	
24D. LOCATION (City, town, or county) BALTO.		24E. STATE MD.		24F. FUNERAL DIRECTOR H.W. JENKINS & SONS Co. 4905 YORK RD.	

DATE RECEIVED BY LOCAL REGISTRAR
MAY 8 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

VS 150

29072

STATE OF TEXAS

IN SENATE,
 JANUARY 10, 1901.
 REPORT
 OF THE
 COMMISSIONER OF THE
 GENERAL LAND OFFICE,
 FOR THE YEAR
 1900.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4373****613**
52 4373
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

FLAVILLA WATERS GRIFFITH

2. DATE
OF
DEATH**5/7/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**MD.**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Church Home & Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore****6-05**

C. Length of stay in Baltimore

35Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Church Home & Hospital

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**single**

8. DATE OF BIRTH

Jan 3, 18619. AGE (in years
last birthday)**91**11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**none**10B. KIND OF BUSINESS OR
INDUSTRY**--**

11. BIRTH PLACE (State or foreign country)

Prince George Co., Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

William H. Griffith**Balt., Md.**

14. MOTHER'S MAIDEN NAME

Duval, Laura Prince Geo. Co. Md.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Boxley, Mrs. Wm. H.

ADDRESS

**5801 Roland Ave
Baltimore**18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

**arterio-sclerotic Heart
Disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

cardiac insufficiency

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Diverticulitis**

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/27/52**, 19**52**, to **5/7/52**, 19**52**, that I last saw the
deceased alive on **5/7/52**, 19**52**, and that death occurred at **9:52** a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph P. Antonis

M. D.

23B. ADDRESS

Church Home & Hosp.

23C. DATE SIGNED

5/7/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial--**

24B. DATE

5/10/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Trinity Cem.

24D. LOCATION (City, town, or county)

Collington, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAY 8 - 1952**

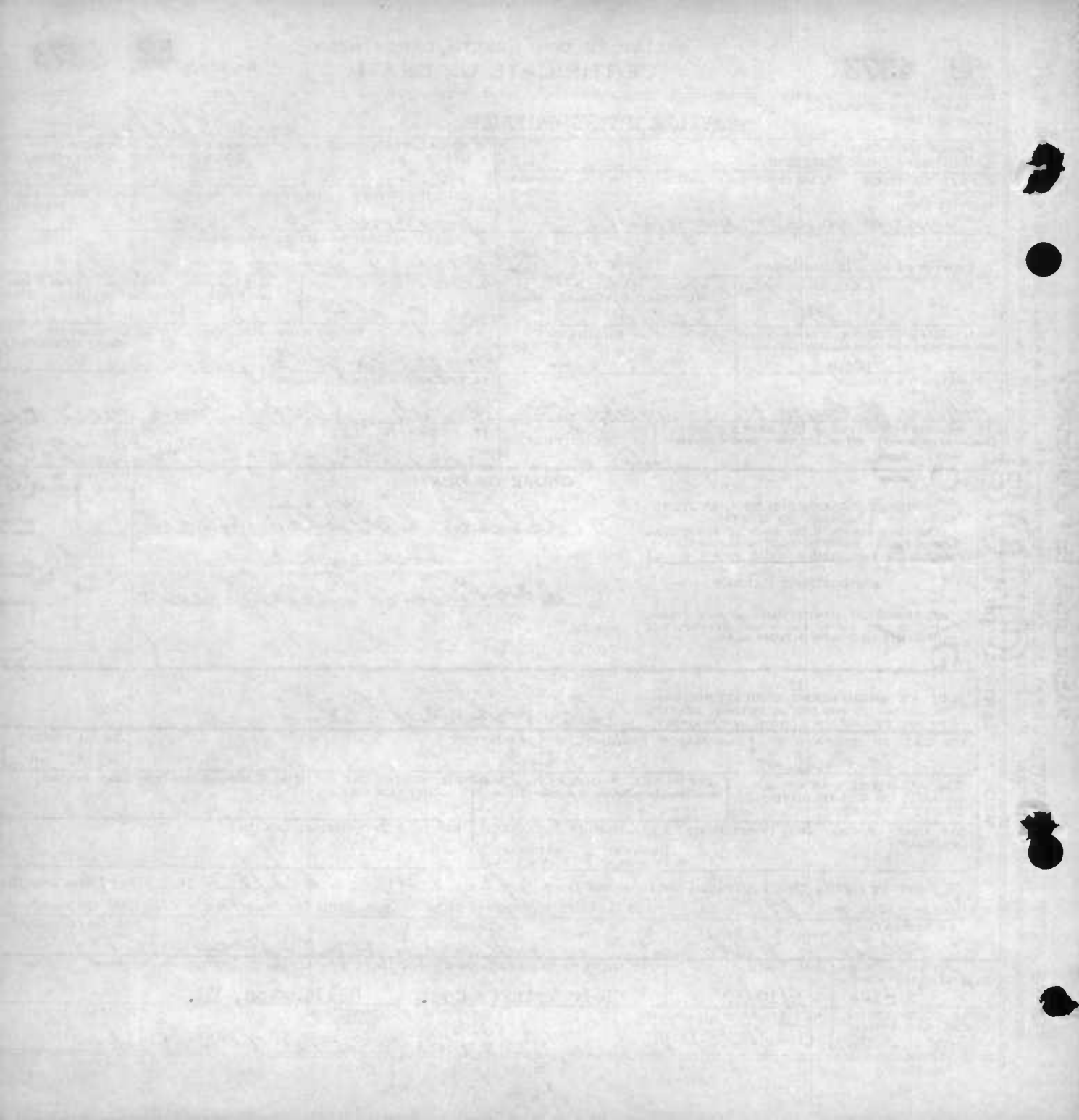
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 321
52 4374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4374

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) ANNIE C. WITTKOPF		
2. DATE OF DEATH 5/2/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hosp.		
6. CITY OR TOWN (If outside corporate limits, write full name of town, city, and county) Baltimore		
7. STREET ADDRESS (If rural, give location) 3208 Brightwood Ave		
8. Length of stay in Baltimore life		
9. SEX female	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow
12. DATE OF BIRTH Feb 14, 1869		
13. AGE (In years last birthday) 83		
14. If Under 1 Year Months: Days		
15. If Under 24 Hours Hours: Min.		
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		
17. KIND OF BUSINESS OR INDUSTRY		
18. BIRTHPLACE (State or foreign country) Maryland		
19. CITIZEN OF WHAT COUNTRY?		
20. FATHER'S NAME Frederick J. Dreher		
21. MOTHER'S MAIDEN NAME Catherine Wunder		
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
23. SOCIAL SECURITY NO.		
24. INFORMANT Mrs. Clara A. Frederick - 3208 Brightwood Ave.		
25. CAUSE OF DEATH		
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) leukemia - pyelonephritis DUE TO ANTECEDENT CAUSES Ca of rectum with retro-peritoneal glands DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
26. INTERVAL BETWEEN ONSET AND DEATH		
27. DATE OF OPERATION 2/1		
28. MAJOR FINDINGS OF OPERATION		
29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		
34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
35. HOW DID INJURY OCCUR?		
36. I hereby certify that I attended the deceased from 4/6/52 , 19 52 , to 5/2/52 , 19 52 , that I last saw the deceased alive on 5/1/52 , 19 52 , and that death occurred at 9:59 a.m. , from the causes and on the date stated above.		
37. SIGNATURE Anthony C. Venore MD		
38. ADDRESS Maryland Gen. Hosp.		
39. DATE SIGNED 5/2/52		
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		
41. DATE 5/10/52		
42. NAME OF CEMETERY OR CREMATORY MT. Olivet Cem.		
43. LOCATION (City, town, or county) (State) Balto., Md.		
44. DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1952		
45. REGISTRAR'S SIGNATURE Huntington Williams, Jr.		
46. FUNERAL DIRECTOR Thos. J. Lickner & Sons		
47. ADDRESS Balto 17, Md.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4375**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**J. HENRY EPPLER**2. DATE
OF
DEATH**May 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**3504 Marmon Ave.**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3504 Marmon Ave.

c. Length of stay in Baltimore

94Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Oct. 28, 18579. AGE (In years last birthday)
If Under 1 Year Months Days
If Under 24 Hours Hours Min.**94**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cooperage

10B. KIND OF BUSINESS OR INDUSTRY

Owner

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob H. Eppler

14. MOTHER'S MAIDEN NAME

Katherine Schmidt15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. R. Charles MacLellan - 3504 Marmon Ave18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerosis Coronary**

DUE TO

Dissecting

ANTECEDENT CAUSES

(B) **Smoking**

DUE TO

BestDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Benign Prostatic Hypertrophy****10 years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **30 Mar - 1952**, to **6 May - 1952**, that I last saw the deceased alive on **6 May, 1952**, and that death occurred at **3:45** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1952**Huntington Williams, Jr.****D. M. J. Pickens & Sons****Balto 17, Md.**

DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Signature of declarant		6. Signature of witness	
7. Signature of physician		8. Signature of coroner	
9. Signature of registrar		10. Signature of clerk	
11. Signature of undertaker		12. Signature of funeral home	
13. Signature of cemetery		14. Signature of burial place	
15. Signature of interment		16. Signature of final disposition	
17. Signature of final disposition		18. Signature of final disposition	
19. Signature of final disposition		20. Signature of final disposition	
21. Signature of final disposition		22. Signature of final disposition	
23. Signature of final disposition		24. Signature of final disposition	
25. Signature of final disposition		26. Signature of final disposition	
27. Signature of final disposition		28. Signature of final disposition	
29. Signature of final disposition		30. Signature of final disposition	
31. Signature of final disposition		32. Signature of final disposition	
33. Signature of final disposition		34. Signature of final disposition	
35. Signature of final disposition		36. Signature of final disposition	
37. Signature of final disposition		38. Signature of final disposition	
39. Signature of final disposition		40. Signature of final disposition	
41. Signature of final disposition		42. Signature of final disposition	
43. Signature of final disposition		44. Signature of final disposition	
45. Signature of final disposition		46. Signature of final disposition	
47. Signature of final disposition		48. Signature of final disposition	
49. Signature of final disposition		50. Signature of final disposition	
51. Signature of final disposition		52. Signature of final disposition	
53. Signature of final disposition		54. Signature of final disposition	
55. Signature of final disposition		56. Signature of final disposition	
57. Signature of final disposition		58. Signature of final disposition	
59. Signature of final disposition		60. Signature of final disposition	
61. Signature of final disposition		62. Signature of final disposition	
63. Signature of final disposition		64. Signature of final disposition	
65. Signature of final disposition		66. Signature of final disposition	
67. Signature of final disposition		68. Signature of final disposition	
69. Signature of final disposition		70. Signature of final disposition	
71. Signature of final disposition		72. Signature of final disposition	
73. Signature of final disposition		74. Signature of final disposition	
75. Signature of final disposition		76. Signature of final disposition	
77. Signature of final disposition		78. Signature of final disposition	
79. Signature of final disposition		80. Signature of final disposition	
81. Signature of final disposition		82. Signature of final disposition	
83. Signature of final disposition		84. Signature of final disposition	
85. Signature of final disposition		86. Signature of final disposition	
87. Signature of final disposition		88. Signature of final disposition	
89. Signature of final disposition		90. Signature of final disposition	
91. Signature of final disposition		92. Signature of final disposition	
93. Signature of final disposition		94. Signature of final disposition	
95. Signature of final disposition		96. Signature of final disposition	
97. Signature of final disposition		98. Signature of final disposition	
99. Signature of final disposition		100. Signature of final disposition	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4376

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH C. SNYDER

2. DATE

OF

DEATH

MAY 4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. AGNES HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MARYLAND ARBUTUS

D. STREET ADDRESS (If rural, give location)

1267 STEVENS AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR:21-1893

9. AGE (In years last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GENERAL FOREMAN

10B. KIND OF BUSINESS OR INDUSTRY

CONSOL. GAS & ELEC.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANKLIN R. SNYDER

14. MOTHER'S MAIDEN NAME

CLARA R. HELWIG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-05-4824

17. INFORMANT

ADDRESS

MABEL V. SNYDER 1267 STEVENS AVE.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio-Vascular Renal Dis. 4 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to May 4, 1952 that I last saw the deceased alive on May 3, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Earl Pass

23B. ADDRESS

4001 Wilkins Ave

23C. DATE SIGNED

5-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5235E

1300 East Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NOT A MEDICAL EXAMINER'S CASE
Stanley B. Dunsen
 PRINTER

CAUSE OF DEATH

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

1953 53

1953 53

Blank lined paper with horizontal ruling lines.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

530
52 4378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4378

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ether Smith

2. DATE OF DEATH

May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1203 St. Matthew St.

c. Length of stay in Baltimore *21 Yrs.*

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 14, 1907

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Worker

10B. KIND OF BUSINESS OR INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Henderson N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Burrell Ross

14. MOTHER'S MAIDEN NAME

Amanda Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *442X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Themia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Nephrosclerosis*

DUE TO

(C) *Hypertensive C-v Disease*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-24, 1952* to *5-5, 1952* that I last saw the deceased alive on *5-5, 1952*, and that death occurred at *10:20 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Norman C. Chaner

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE *5/9/52*

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Brantly av

8333

32

BATHING IN THE BATHING

REASON OF DEATH

CAUSE OF DEATH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

DIRECTOR OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4379****52 4379**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Lucie Lindsay*2. DATE
OF
DEATH*May 6, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 7-05

6. STREET ADDRESS (If rural, give location)

1720 E. Madison St.

c. Length of stay in Baltimore

*50 Yrs.*Yrs.
Mos.
Days

7. SEX

Female

8. COLOR OR RACE

*Colored*9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

10. DATE OF BIRTH

*Mar-11-1888*11. AGE (In years
last birthday)*64*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*At Home*

11. BIRTHPLACE (State or foreign country)

*Charles Co. Md.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Isaac Holtz

14. MOTHER'S MAIDEN NAME

*Ann Holtz*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Thrombia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Nephrosclerosis
*Hypertensive Cardiovascular Disease*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-21*, 19*52*, to *5-6*, 19*52*, that I last saw the
deceased alive on *5-6*, 19*52*, and that death occurred at *2:20 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*5-6-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/9/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Eloyo Wilson 1040 Bunting Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4380**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Emma Cody*2. DATE
OF
DEATH*May 6, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**1-03*

D. STREET ADDRESS (If rural, give location)

2526 Foster Ave

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 4, 1892

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTH PLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Kemp

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *171x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Cancer cervix*

DUE TO

12 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Cirrhosis liver**?*

19A. DATE OF OPERATION

4/24/52

19B. MAJOR FINDINGS OF OPERATION

Advanced recurrent Ca cervix

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-15*, 19*52*, to *5-6*, 19*52*, that I last saw the deceased alive on *5-6*, 19*52*, and that death occurred at *2:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Neil H. Chapman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Mount Carmel Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD. George J. Sander

0220

55

BALTIMORE CITY HEALTH DEPARTMENT

1900

CERTIFICATE OF DEATH

REGISTERED

DECEASED

APR 24

CAUSE OF DEATH

HEART DISEASE
CORONARY ARTERY
DISEASE
MURDER

Signature

1900

1900

52 4381

BALTIMORE CITY HEALTH DEPARTMENT

52 4381

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK JOSEPH SCHAP

2. DATE
OF
DEATH

May 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2915 E. Baltimore Street - 24

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 27 / 06

9. AGE (In years
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH Schap

14. MOTHER'S MAIDEN NAME

KATHERINE BILDA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JEAN Schap

18. 590X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute Nephritis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 27, 1952, to May 7, 1952, that I last saw the
deceased alive on May 7, 1952, and that death occurred at 5:00a m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

1400 N. Caroline Street - 13

May 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1952

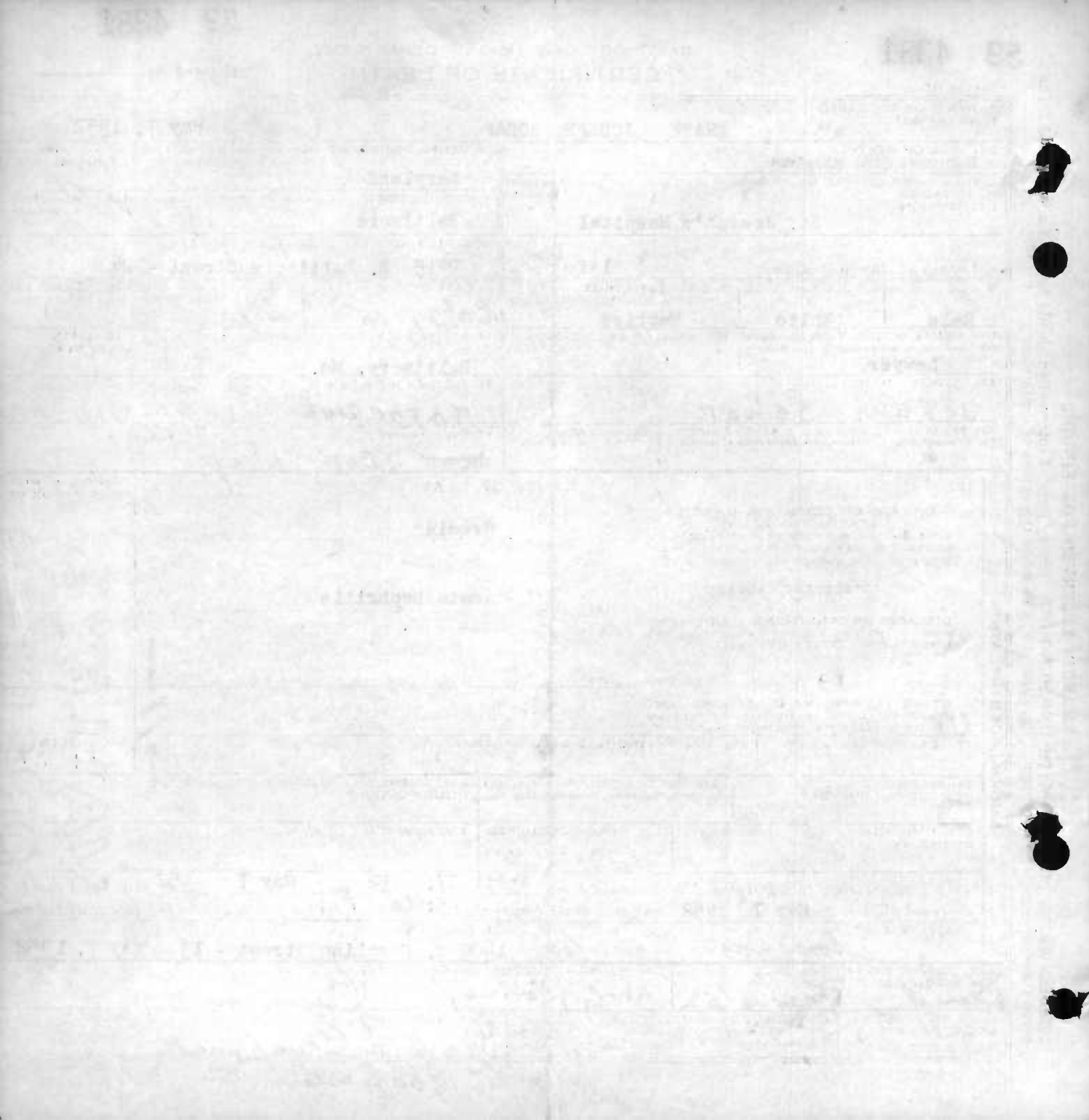
Huntington Williams, M.D.

Fred H. O'Connell

VS 150

0558U

1930 Eastern Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4382
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlotte Cornish

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1103 N. Carey St.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE

Md

b. COUNTY

before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

16-01

d. STREET ADDRESS (If rural, give location)

1103 N. Carey St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 9 1881

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Camp Parole Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Simons

14. MOTHER'S MAIDEN NAME

Mary Simons

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Henry Cornish

ADDRESS

138 R. St. N.W. Wash.

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of stomach 4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Intestinal obstruction 1 mo.

(C) DUE TO

metastasis

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15 1952, to 5-6 1952, that I last saw the
deceased alive on 5-6 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Frank L. Sullivan

M. D.

23b. ADDRESS

1543 Penna Ave

23c. DATE SIGNED

5-8-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

May 9, 1952

24c. NAME OF CEMETERY OR CREMATORY

Balto. National Cem

24d. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 R Schenck St

1921

1921

CERTIFICATE OF DEATH

1. Name of deceased
2. Sex
3. Age
4. Date of death
5. Place of death
6. Cause of death
7. Signature of physician
8. Signature of registrar

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4383
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Fenton M. Simms

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE _____ B. COUNTY _____ before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2438 Annapolis Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

25-33

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2438 Annapolis Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(R)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.2 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10/6/1951, to 5/6/1952, that I last saw the
deceased alive on 5/4/1952, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1952

Huntington Williams

Mrs. Katie R. Williams

Schwartz St.

VS 150

7806V

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4384
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen Collins

2. DATE
OF
DEATH May 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN

Maryland
Baltimore(If outside corporate limits, write "U.S." and give
township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1912 W. Lanvale Street-17

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 8, 1893

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Gamble

14. MOTHER'S MAIDEN NAME

Addie Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Azoemia

DUE TO

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive vascular disease

DUE TO

Years

(C) Nephrosclerosis

Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia- aspiration

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28
deceased alive on 5-7, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

22/9
2094
2094

MARGIN RESERVED FOR BINDING

C-552
52 4385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4385

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgia Cunningham

2. DATE
OF
DEATH

May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1302 W. Saratoga St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1302 W. Saratoga St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 12, 1905

9. AGE (In years last birthday)

46

If Under 1 Year

Months

If Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hairstresser

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Florence S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Wilson

14. MOTHER'S MAIDEN NAME

Nora James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Handy Cunningham

ADDRESS

1302 W. Saratoga St.

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 hours

2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951 to May 5, 1952 that I last saw the deceased alive on May 1, 1952, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Watts

23B. ADDRESS

515 W. ...

23C. DATE SIGNED

5/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

H. ...

25. FUNERAL DIRECTOR

Miss Katie R. Williams

ADDRESS

322 N. ...

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1952

15

ILLINOIS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. DATE OF BIRTH		6. DATE OF DEATH	
7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF CORONER		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF DECEASED		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF DECEASED		17. SIGNATURE OF DECEASED		18. SIGNATURE OF DECEASED	
19. SIGNATURE OF DECEASED		20. SIGNATURE OF DECEASED		21. SIGNATURE OF DECEASED	
22. SIGNATURE OF DECEASED		23. SIGNATURE OF DECEASED		24. SIGNATURE OF DECEASED	
25. SIGNATURE OF DECEASED		26. SIGNATURE OF DECEASED		27. SIGNATURE OF DECEASED	
28. SIGNATURE OF DECEASED		29. SIGNATURE OF DECEASED		30. SIGNATURE OF DECEASED	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF DECEASED		33. SIGNATURE OF DECEASED	
34. SIGNATURE OF DECEASED		35. SIGNATURE OF DECEASED		36. SIGNATURE OF DECEASED	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF DECEASED		39. SIGNATURE OF DECEASED	
40. SIGNATURE OF DECEASED		41. SIGNATURE OF DECEASED		42. SIGNATURE OF DECEASED	
43. SIGNATURE OF DECEASED		44. SIGNATURE OF DECEASED		45. SIGNATURE OF DECEASED	
46. SIGNATURE OF DECEASED		47. SIGNATURE OF DECEASED		48. SIGNATURE OF DECEASED	
49. SIGNATURE OF DECEASED		50. SIGNATURE OF DECEASED		51. SIGNATURE OF DECEASED	
52. SIGNATURE OF DECEASED		53. SIGNATURE OF DECEASED		54. SIGNATURE OF DECEASED	
55. SIGNATURE OF DECEASED		56. SIGNATURE OF DECEASED		57. SIGNATURE OF DECEASED	
58. SIGNATURE OF DECEASED		59. SIGNATURE OF DECEASED		60. SIGNATURE OF DECEASED	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF DECEASED		63. SIGNATURE OF DECEASED	
64. SIGNATURE OF DECEASED		65. SIGNATURE OF DECEASED		66. SIGNATURE OF DECEASED	
67. SIGNATURE OF DECEASED		68. SIGNATURE OF DECEASED		69. SIGNATURE OF DECEASED	
70. SIGNATURE OF DECEASED		71. SIGNATURE OF DECEASED		72. SIGNATURE OF DECEASED	
73. SIGNATURE OF DECEASED		74. SIGNATURE OF DECEASED		75. SIGNATURE OF DECEASED	
76. SIGNATURE OF DECEASED		77. SIGNATURE OF DECEASED		78. SIGNATURE OF DECEASED	
79. SIGNATURE OF DECEASED		80. SIGNATURE OF DECEASED		81. SIGNATURE OF DECEASED	
82. SIGNATURE OF DECEASED		83. SIGNATURE OF DECEASED		84. SIGNATURE OF DECEASED	
85. SIGNATURE OF DECEASED		86. SIGNATURE OF DECEASED		87. SIGNATURE OF DECEASED	
88. SIGNATURE OF DECEASED		89. SIGNATURE OF DECEASED		90. SIGNATURE OF DECEASED	
91. SIGNATURE OF DECEASED		92. SIGNATURE OF DECEASED		93. SIGNATURE OF DECEASED	
94. SIGNATURE OF DECEASED		95. SIGNATURE OF DECEASED		96. SIGNATURE OF DECEASED	
97. SIGNATURE OF DECEASED		98. SIGNATURE OF DECEASED		99. SIGNATURE OF DECEASED	
100. SIGNATURE OF DECEASED		101. SIGNATURE OF DECEASED		102. SIGNATURE OF DECEASED	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4386**

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ERNEST POLLARD		2. DATE OF DEATH May 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1045 Aisquith Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 28, 1909	9. AGE (In years last birthday) 43	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Charlotte Co. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Pollard			14. MOTHER'S MAIDEN NAME Laura Foster		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mamie Pollard	
				ADDRESS 1045 Aisquith St.	

18. E 910.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture dislocation of fourth cervical vertebra		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Warehouse	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) A.T.&T. Warehouse, 3525 Buena Vista Ave		
21D. TIME (Month) (Day) (Year) (Hour) April 29, 1952 11:56 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by shoring timber		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Pollard	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>	23C. DATE SIGNED May 6, 1952
-----------------------------------	-------------------------------------------------------------------------------------------------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 9, 1952	24C. NAME OF CEMETERY OR CREMATORY Arboretum Memorial Park	24D. LOCATION (City, town, or county) (State) Md.
DATE RECEIVED BY MAY 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs. Kate R. Williams	ADDRESS 322 N. Schroeder St.

VS 151

N-805.0

97024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2001

2001

NATIONAL BUREAU OF HEALTH STATISTICS

CERTIFICATE OF DEATH

2001

2001

2

●

8

●

K# 616
52 4387BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4387
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES PAUL KOERBER

2. DATE
OF DEATH

May 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-31

D. STREET ADDRESS (If rural, give location)

4529 Ridge Road.

c. Length of stay in Baltimore

45 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 29, 1906

9. AGE (in years

last birthday)

45

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GENERAL MANAGER

10B. KIND OF BUSINESS OR INDUSTRY

FALLSWAY SPRINGS

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Koerber

14. MOTHER'S MAIDEN NAME

Barbara Koernig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-01-8917

17. INFORMANT

Mrs. Thelma Koerber 4529 Ridge Road Baltimore, Md.

18. 463X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) massive Pulmonary Embolus

INTERVAL BETWEEN ONSET AND DEATH

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) thrombophlebitis Right leg

2 wks.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1952, to 5/7, 1952, that I last saw the deceased alive on 5/7, 1952, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Mitchener Jr.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

5/7/52

24A. BURIAL, CREMATION, REMAINS (Specify)

Burial

24B. DATE

MAY 10 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Ruppel Bld 7110 BELAIR RD.

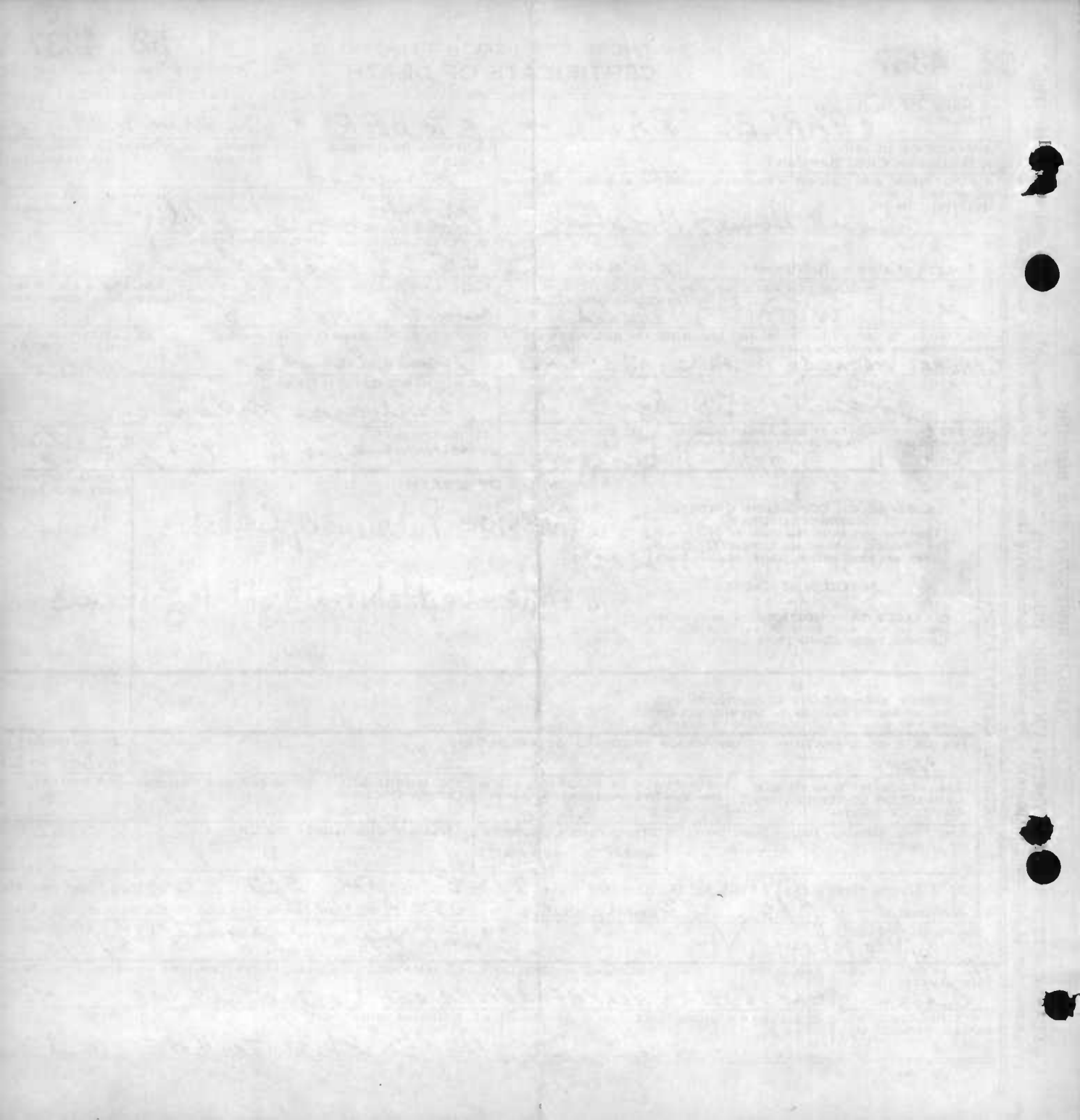
ADDRESS

VS 150

2903D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be written carefully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4388**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herbert A. Wheeler,

2. DATE
OF DEATH **May 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Md.** B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**4002 W. Garrison Ave.,**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore, 27-18

D. STREET ADDRESS (If rural, give location)

4002 W. Garrison Ave.,

C. Length of stay in Baltimore

lifeYrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

Oct. 31, 18859. AGE (In years
last birthday) **66** If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Electrician**10B. KIND OF BUSINESS OR
INDUSTRY
Commercial Wiring

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Harry A. Wheeler,**CONJUGATE**

14. MOTHER'S MAIDEN NAME

Josephine Graupner15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
218-09-8319A17. INFORMANT ADDRESS
Mrs. John A. Watts, 4002 W. Garrison Ave.18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Hemorrhage**
DUE TO**5 1/2 hrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arterio Sclerosis**
DUE TO**3 months**(C) **Hypertension**
DUE TO**3 months**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 27** 19**52** to **May 7**, 19**52**, that I last saw the
deceased alive on **May 7**, 19**52**, and that death occurred at **10:30** am., from the causes and on the date stated above.

23. SIGNATURE

P. L. DeBarbieri

M. D.

23B. ADDRESS

4723 Park Heights Ave.,

23C. DATE SIGNED

May 8, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

May 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Vernon Lemmon

ADDRESS

4611 Park Heights Ave.

STATE OF TEXAS
COUNTY OF DALLAS

Page 1

[Faint, mostly illegible text follows, appearing to be a legal document or record. The text is mirrored across the page, suggesting a bleed-through from the reverse side.]

CERTIFICATE OF DEATH

52 4389

Registered No.

52 4389

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND RAU

2. DATE
OF
DEATH

5/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1114 S. CONKLING ST

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write full name and give township)
BALTIMORE 26-09

D. STREET ADDRESS (If rural, give location)

1114 S. CONKLING ST

c. Length of stay in Baltimore

LIFE

S. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

6/12/92

9. AGE (In years last birthday)

59

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PIPE COVERER

10B. KIND OF BUSINESS OR INDUSTRY

STANDARD OIL CO- PIPE LINE

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN. RAU

14. MOTHER'S MAIDEN NAME

ELIZABETH STEWART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
NETTIE RAU 1114 S. CONKLING ST

18. 415X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

1. RHEUMATIC CARDIOVASCULAR DISEASE (chronic, inactive)
(A) DUE TO 2. CIRRHOSIS OF LIVER 1-2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 4, 1951, to MAY 6, 1952, that I last saw the deceased alive on MAY 6, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Highstein

23B. ADDRESS

121 S. HIGHLAND AVE.

23C. DATE SIGNED

5/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/10/52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTIMORE CO. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Blauene P. Hoffmann 1639 Broadway

ADDRESS

MAY 8 - 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully and legibly. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

See Document File 52-4389
5/19/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4390**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Albert Medura*2. DATE
OF
DEATH*May 7, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Valley & Preston Sts

c. Length of stay in Baltimore

*3*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widower*

8. DATE OF BIRTH

*Jan. 18, 1870*9. AGE (In years
last birthday)*82*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Gardener

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

*Hungary*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

Martin Medura

14. MOTHER'S MAIDEN NAME

*Catherine Wolfe*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.*None*

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*18. *421.4*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Valvular Heart disease**6 mos.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 7*, 19*52*, to *May 7*, 19*52*, that I last saw the
deceased alive on *May 7*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

James Fisher

M. D.

23B. ADDRESS

3422 Belair Rd.

23C. DATE SIGNED

*5/7/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5-10-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem

24D. LOCATION (City, town, or county)

Woodlawn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAY 8 - 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*Geo. E. Beyer Jr. 1512 Hollins St**Balt. 23 Md*

MINISTRE DE LA SANTE
CERTIFICATE OF DEATH

12/10/21

12/10/21

12/10/21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4391**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**WILLIAM HENRY FREITAG**2. DATE
OF
DEATH**MAY 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5210 ALHAMBRA AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

5210 ALHAMBRA AVE

C. Length of stay in Baltimore

LIFEYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 12, 1903

9. AGE (in years last birthday)

48

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAIL CLERK

10B. KIND OF BUSINESS OR INDUSTRY

U.S. GOVT. P.O.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES FREITAG

14. MOTHER'S MAIDEN NAME

MARTHA KOFT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

219-16-9982

17. INFORMANT

JULIA W. FREITAG

ADDRESS

ABOVE18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

2 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug.**, 19**46**, to **May 6**, 19**52**, that I last saw the deceased alive on **May 6**, 19**52** and that death occurred at **9:30 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M. D.

23B. ADDRESS

501 Sheridan Ave

23C. DATE SIGNED

May 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

May 10, 1952**Landon Park Cem****Balton Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1952**Huntington Williams, Jr.****44 W. Genhinsfordson to 4805 York Road**

VS 150

39090

DR. KAMMER

501 SHERIDAN AVE

M-640

52 4392

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4392
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CHARLES LESTER MARLOW JR		2. DATE OF DEATH 5/7/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP		D. STREET ADDRESS (If rural, give location) 4414 MARBLE HALL RD.		6. C. LENGTH OF STAY IN BALTIMORE LIFE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH SEPT 3, 1902	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL		10B. KIND OF BUSINESS OR INDUSTRY CLERICAL		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
13. FATHER'S NAME OFFICE MAN CHARLES L. MARLOW SR.		14. MOTHER'S MAIDEN NAME MARGARET CECILIA COSTELLO		12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS WIFE SAME ✓	
18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease		CAUSE OF DEATH (A) Rheumatic heart disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH ? years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/2 , 19 52 , to 5/7 , 19 52 , that I last saw the deceased alive on 5/7 , 19 52 , and that death occurred at 8:35 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Union Memorial Hospital Baltimore Maryland		23C. DATE SIGNED May 8, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 10, 1952		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS John O. Mitchell & Sons Inc. 1900 E. Calver Rd.	

VS 150

29060

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
OFFICE OF THE COMPTROLLER
INVESTIGATION OF THE STATE

REPORT OF THE COMPTROLLER
ON THE INVESTIGATION OF THE STATE
FOR THE YEAR 1900

ALBANY: J. B. LIPPINCOTT & CO. 1901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 4393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hutto, Baby Boy Elizabeth

2. DATE

OF

DEATH 5-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1908 N. Charles St. (B. C. H.)

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-3-52

9. AGE (in years,
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Hutto

14. MOTHER'S MAIDEN NAME

Elizabeth Sears

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records-Baltimore City Hospitals
4940 Eastern Ave.

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intracranial Hemorrhage

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

Life

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-3-52, 19__, to 5-4-__, 1952, that I last saw the
deceased alive on 5-4-__, 1952, and that death occurred at 6:00A.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Brown

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

5-6-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

B. C. H. 4940 Eastern Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of friends	
19. Signature of neighbors		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of hospital		26. Signature of clinic		27. Signature of laboratory	
28. Signature of pharmacy		29. Signature of dispensary		30. Signature of medical office	
31. Signature of dental office		32. Signature of optician		33. Signature of pharmacist	
34. Signature of veterinarian		35. Signature of nurse		36. Signature of physician assistant	
37. Signature of medical student		38. Signature of medical resident		39. Signature of medical intern	
40. Signature of medical clerk		41. Signature of medical aide		42. Signature of medical assistant	
43. Signature of medical secretary		44. Signature of medical receptionist		45. Signature of medical janitor	
46. Signature of medical porter		47. Signature of medical orderly		48. Signature of medical attendant	
49. Signature of medical nurse		50. Signature of medical aide		51. Signature of medical assistant	
52. Signature of medical secretary		53. Signature of medical receptionist		54. Signature of medical janitor	
55. Signature of medical porter		56. Signature of medical orderly		57. Signature of medical attendant	
58. Signature of medical nurse		59. Signature of medical aide		60. Signature of medical assistant	
61. Signature of medical secretary		62. Signature of medical receptionist		63. Signature of medical janitor	
64. Signature of medical porter		65. Signature of medical orderly		66. Signature of medical attendant	
67. Signature of medical nurse		68. Signature of medical aide		69. Signature of medical assistant	
70. Signature of medical secretary		71. Signature of medical receptionist		72. Signature of medical janitor	
73. Signature of medical porter		74. Signature of medical orderly		75. Signature of medical attendant	
76. Signature of medical nurse		77. Signature of medical aide		78. Signature of medical assistant	
79. Signature of medical secretary		80. Signature of medical receptionist		81. Signature of medical janitor	
82. Signature of medical porter		83. Signature of medical orderly		84. Signature of medical attendant	
85. Signature of medical nurse		86. Signature of medical aide		87. Signature of medical assistant	
88. Signature of medical secretary		89. Signature of medical receptionist		90. Signature of medical janitor	
91. Signature of medical porter		92. Signature of medical orderly		93. Signature of medical attendant	
94. Signature of medical nurse		95. Signature of medical aide		96. Signature of medical assistant	
97. Signature of medical secretary		98. Signature of medical receptionist		99. Signature of medical janitor	
100. Signature of medical porter		101. Signature of medical orderly		102. Signature of medical attendant	

W 52 623 4394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4394

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Wright

2. DATE
OF
DEATH

May 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

21-2

O. STREET ADDRESS (If rural, give location)

827 Rhinhardt St.

C. Length of stay in Baltimore

not known

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

no living relatives

8. DATE OF BIRTH

1896 or 1897

9. AGE (in years, last birthday)

55

If Under 1 Year

Months

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

not known

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Winfield Wright

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

not known

16. SOCIAL SECURITY NO.

not known

17. INFORMANT

ADDRESS

pt himself before deceased

18. 521X

220-07 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Extra pleural empyema, st

INTERVAL BETWEEN ONSET AND DEATH

6-7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Rt lower lobectomy

12 days

(C)

Lung abscess Rt. + lower lobe

at least 2 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

uremia

several days

19A. DATE OF OPERATION

4-22-52

19B. MAJOR FINDINGS OF OPERATION

Lung abscess + lower lobe.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1952 to 5-3, 1952, that I last saw the deceased alive on 5-3, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

JR Hankins

23B. ADDRESS

University Hospital, Balto.

23C. DATE SIGNED

5-6-52

24. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5/8/52

24C. NAME OF CEMETERY OR CREMATORY

Wd Auburn Bacto, md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas G. G. 512 N. Ave. City

ADDRESS

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1952

1953

RECORDS OF THE
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1954



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4395**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD ERNEST MAYNARD

2. DATE
OF DEATH **5-6-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2425 Greenmount Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2446 Loch Raven Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1890

9. AGE (In years
last birthday)

61

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Metal Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Auto. Machine Shop

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna L. Maynard

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertension*
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Last week Jan*, 19 *54*, to *Jan*, 19 *54*, that I last saw the
deceased alive on *Jan*, 19 *54*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

M. Ephraim

M. D.

23B. ADDRESS

443 E 25th St. Wg. & 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-9-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wiedefeld & Son

ADDRESS

GREENMOUNT AVE & 22ND

1000

25

RECEIVED IN THE OFFICE OF THE

ATTORNEY GENERAL

1000

25

1000

25



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct sex is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Baltimore</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Baltimore</u>		LENGTH OF STAY (in this place) <u>20 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1219 Bolton St.</u>				STREET ADDRESS (If rural, give location) <u>1219 Bolton St. 11-04</u>			
3. NAME OF DECEASED: (Type or Print) (First) <u>MARY</u> (Middle) (Last) <u>GAREY</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>May 8 1952</u>			
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>July 9, 1883</u>		9. AGE last birthday: <u>68</u> yrs.		10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Education</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Robert Carey</u>				14. MOTHER'S MAIDEN NAME: <u>Wesley Saultsbury</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: <u>Euro Caleb Window, 1902 Mt Royal Tr. Balt.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause		(a) <u>coronary occlusion</u>				<u>30 mins</u>	
Antecedent cause(s)		(b) <u>arterio sclerosis</u>				<u>12 yrs</u>	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		(c)					
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>May 10, 1952</u>				19b. MAJOR FINDINGS OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>acc</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
INJURY		INJURY OCCURRED		HOW DID INJURY OCCUR?			
TIME (Month) (Day) (Year) (Hour) OF INJURY		While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>May 8, 1952</u> to <u>May 8, 1952</u> that I last saw the deceased alive on <u>May 8, 1952</u> and that death occurred at <u>1219 Bolton St.</u>, from the causes and on the date stated above.							
SIGNATURE <u>R. H. Hays</u>				(DEGREE OR TITLE) <u>Physician</u>		DATE SIGNED <u>May 8, 1952</u>	
23. BURNAL, CREMATION		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>May 10, 1952</u>		<u>Denton</u>		<u>Denton md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>MAY 8 - 1952</u>		<u>Huntington Williams, MD</u>		<u>J. Virgil Brown & Son, Denton, Md.</u>			

0938V



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4397
Registered No.

BIRTH No. 52 4397

1. NAME OF DECEASED
(Type or Print)

George Maddox

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 3-01

D. STREET ADDRESS (If rural, give location)

115 S. Hall

C. Length of stay in Baltimore

16 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 12, 1886

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Contractors

11. BIRTHPLACE (State or foreign country)

West Morland Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Singleton Maddox

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

570.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Strangulated Bowel

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Adhesions

DUE TO

(C)

Previous Operations

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 5, 1952

19B. MAJOR FINDINGS OF OPERATION

Strangulated Bowel & Adhesions

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1952, to 5-6, 1952, that I last saw the
deceased alive on 5-6, 1952, and that death occurred at 2:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Harold K. ...

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

May 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/10/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvery Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elmer O. Wilson 1000 Beauty Ave

MAY 8 1952

Police Approv. Med. Exam Case
683-24

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHILD C.

EXAMINER

K-400

52 4398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4398

BIRTH NO. *Don Rex*1. NAME OF DECEASED
(Type or Print)*Robin Kelly*2. DATE
OF
DEATH*May 8, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

*Md**Harford*C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)*Stavre De Grace*

D. STREET ADDRESS (If rural, give location)

131 Wilson St. 6236

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

*May 1, 1952*9. AGE (In years
last birthday)If Under 1 Year
Months: Days*8*If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during part of working life, even if retired)*Child*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*?*12. CITIZEN OF
WHAT COUNTRY?*US*

13. FATHER'S NAME

Earl Kelly

14. MOTHER'S MAIDEN NAME

*Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *770.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Erythroblastosis Fetalis*INTERVAL BETWEEN
ONSET AND DEATH*8 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-4*, 19*52*, to *5-8*, 19*52*, that I last saw the
deceased alive on *5-8*, 19*52*, and that death occurred at *1:10* A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. Scott M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*5-8-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**May 10, 1952**Wilmington Cen**Harford Co., Md**MAY 8 - 1952**Huntington Williams, M.D.**H.S. Bailey**Wilmington, Md.*

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 4399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4399
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Davis

2. DATE
OF
DEATH

5-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION4703 Hampnett Ave
Pine Ridge Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 26-10

D. STREET ADDRESS (If rural, give location)

316 S. Highland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 2, 1875

9. AGE (In years

last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTH PLACE (State or foreign country)

Dorchester Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James A. Wilson

14. MOTHER'S MAIDEN NAME

Emma Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter Scott Davis - 316 S. Highland Ave.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Myocarditis

DUE TO

9 years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1943 to May 6, 1952 that I last saw the
deceased alive on May 6, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. J. Davidson

M. O.

23B. ADDRESS

3218 Eastern Ave

23C. DATE SIGNED

5-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

5-9-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Taylor Ave. - Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

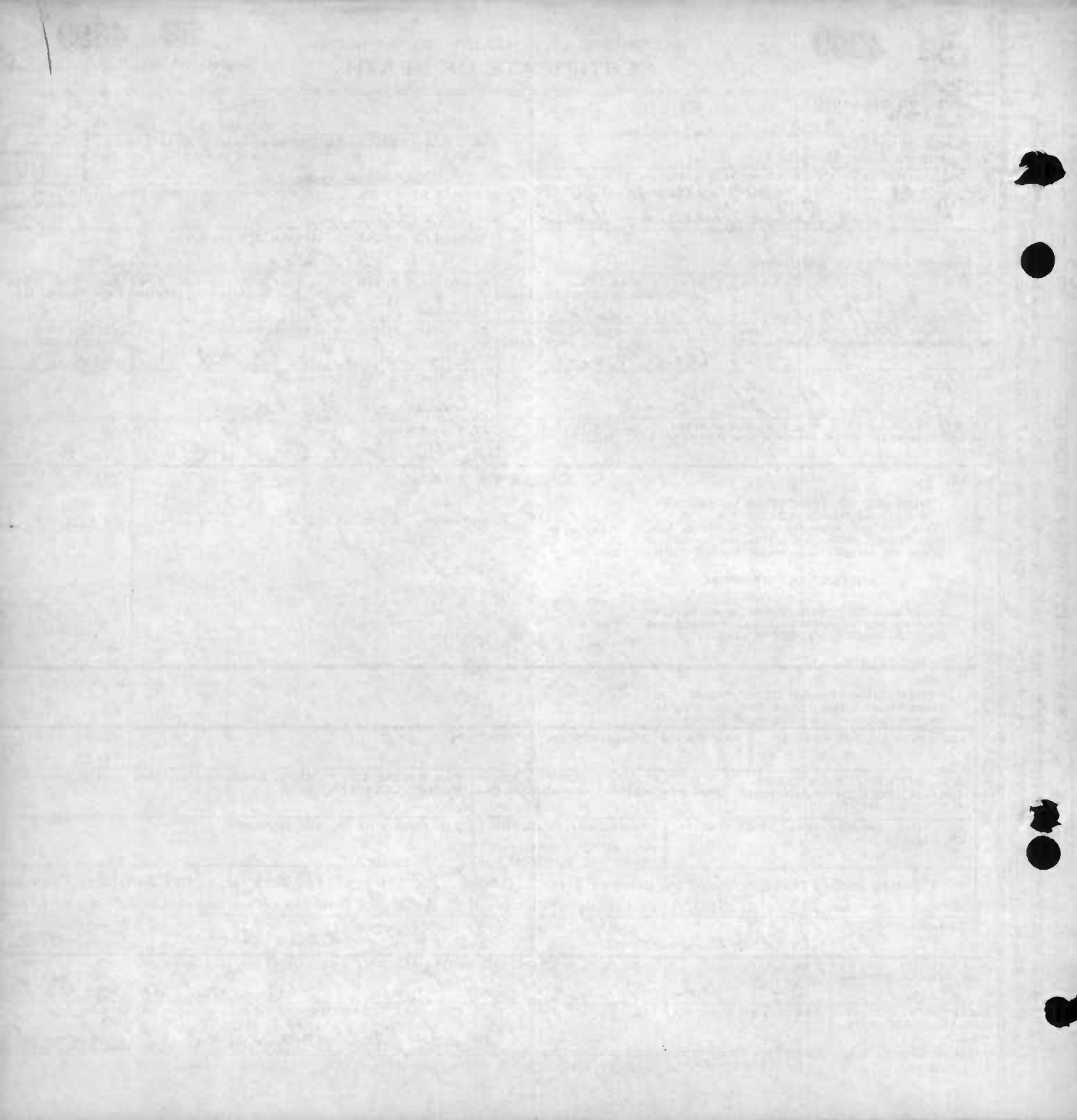
25. FUNERAL DIRECTOR

ADDRESS

John C. Miller Inc. - 2435 E. Oliver St.

MAY 8 - 1952

VS 150



52-163

52 4400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **MAURICE TILGHMAN ROBERTS**

2. DATE OF DEATH **May 8, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Virginia** B. COUNTY **V-43**

5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION **US Public Health Service Hospital**
Wyman Pk. Drive & 31st St.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Oak Grove

7. STREET ADDRESS (If rural, give location)
PO Box 95

8. Length of stay in Baltimore **29 days**

9. SEX **M** 10. COLOR OR RACE **W** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

12. DATE OF BIRTH **10/14/66** 13. AGE (in years last birthday) **85** 14. If Under 1 Year Months: Days 15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None Waterman** 17. KIND OF BUSINESS OR INDUSTRY **Own Business**

18. BIRTHPLACE (State or foreign country) **Maryland** 19. CITIZEN OF WHAT COUNTRY? **USA**

20. FATHER'S NAME **John Ed. Roberts** 21. MOTHER'S MAIDEN NAME **Emilie White**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **?** 23. SOCIAL SECURITY NO. **?**

24. INFORMANT **Records - US PHS Hospital, Balto, Md.** ADDRESS

25. CAUSE OF DEATH
18. **470.0 and E-903.0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) arteriosclerotic Heart Disease
DUE TO
(B) Bronchopneumonia
(C) Intertrochanteric Fracture

26. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

28. CERTIFICATION APPROVED BY **R. R. Green** M.D. **Chief of PHS Hospital, Baltimore City, Md.**

29. DATE OF OPERATION **0** 30. MAJOR FINDINGS OF OPERATION

31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☒ 32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Home** 33. WHERE DID INJURY OCCUR? **P.O. Box 95, Oak Grove Va.**

34. TIME (Month) (Day) (Year) (Hour) OF INJURY **4/8/52** 35. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 36. HOW DID INJURY OCCUR? **slipped on keelium on patch**

37. I hereby certify that I attended the deceased from **Apr. 9**, 19**52**, to **May 8**, 19**52** that I last saw the deceased alive on **May 8**, 19**52** and that death occurred at **m.**, from the causes and on the date stated above.

38. SIGNATURE **R. R. Green** M.D. 39. ADDRESS **US PHS Hospital, Balto, Md.** 40. DATE SIGNED

41. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 42. DATE **5/11/52** 43. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 44. LOCATION (City, town, or county) (State) **Westmoreland Co. Virginia**

45. DATE RECEIVED BY LOCAL REGISTRAR **MAY 9 - 1952** 46. REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 47. FUNERAL DIRECTOR **R. V. Singleton** ADDRESS **Glen Burnie Md.**

VS 150

11-870.0

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000 32 4

1000

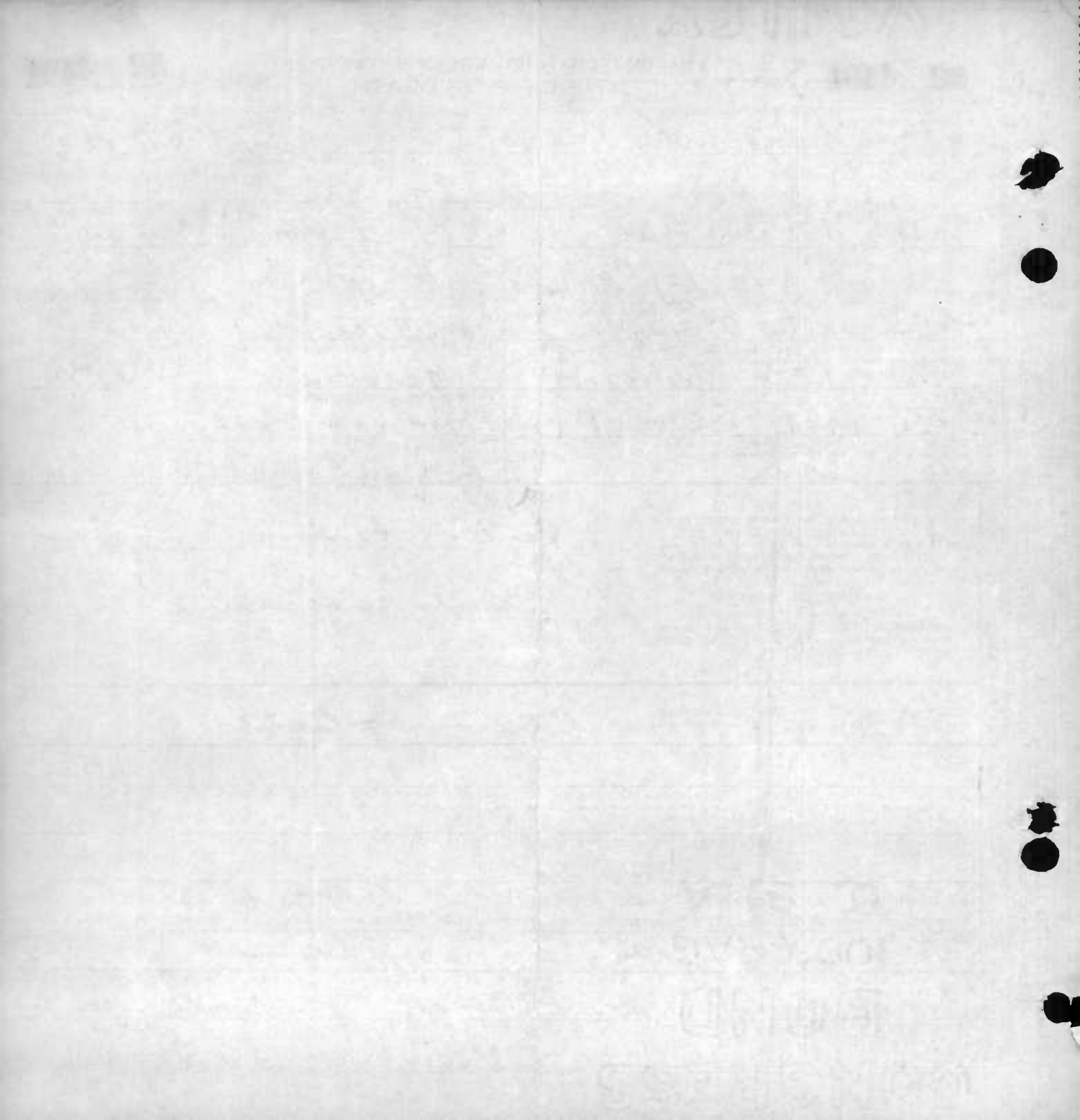
RECEIVED BY THE DEPARTMENT OF THE ARMY
WASHINGTON, D. C. 20315



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4401		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 4401	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Michael M. Seubott			2. DATE OF DEATH May 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 211 S. FULTON AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 19-04		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 211 S. FULTON AVE.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 17, 1883	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TYPEWRITER		10B. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME MICHAEL SEUBOTT			14. MOTHER'S MAIDEN NAME BARBARA BAULESWEIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Anthony R. Seubott 218 S. Payson St.		
18. 430.0 and 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure DUE TO (A) Subacute Endocarditis			INTERVAL BETWEEN ONSET AND DEATH 2 mos.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Prostate					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1952 , to May 7, 1952 , that I last saw the deceased alive on May 6, 1952 , and that death occurred at 6:00 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Albert Scagnotto		23B. ADDRESS 1729 W. Lombard St		23C. DATE SIGNED 5/8/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE May 10, 1952	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Geo. L. Schwab 2101 Frederick Ave	



256

52 4402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

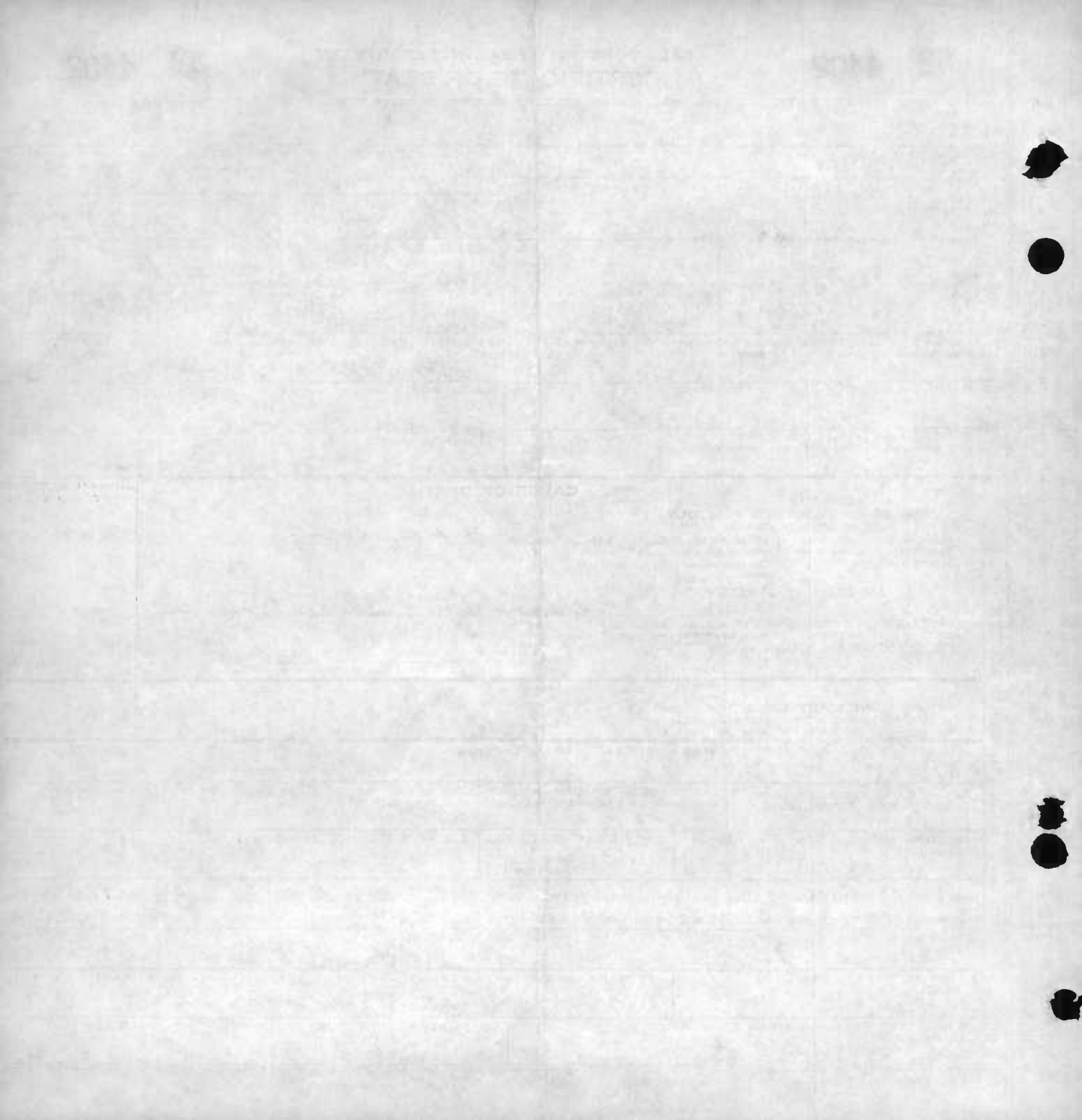
Registered No. 52 4402

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna Riesner</i>			2. DATE OF DEATH <i>5-6-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2215 Eastern Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - Md. 1-04</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2215 Eastern Ave</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>2-1-88</i>	9. AGE (in years, last birthday) <i>64</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Balto - Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Seits</i>			14. MOTHER'S MAIDEN NAME <i>Regina Kellner</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>0</i>	17. INFORMANT ADDRESS <i>Sebastian Riesner - same</i>		

18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Central Hemorrhage</i>		DUE TO		<i>Dec 11/51</i>	
ANTECEDENT CAUSES		(B) <i>Chronic Hypertensive cardiovascular dis.</i>		<i>5 yrs.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 22</i> , 19 <i>51</i> , to <i>May 6</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>May 5</i> , 19 <i>52</i> , and that death occurred at <i>11:51 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Geo. S. Lacey</i>		23B. ADDRESS <i>496 S. Baltimore Ave</i>		23C. DATE SIGNED <i>5/7/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-10-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto - Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>4038 Wolfe St</i>	



52 4403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4403

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH LEUTNER

2. DATE
OF
DEATH

MAY 8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3411 CLEFTMONT AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

67 Yrs.
Mos.
Days

5. SEX

FEM

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

DEC-19-1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

-

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS GEO STANLEY - 3411 CLEFTMONT AVE

18. 201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 year.

year.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to May 8, 1952, that I last saw the
deceased alive on 5-7, 1952, and that death occurred at 8:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Leavitz

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

5-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9-1952

Huntington Williams

Mrs Chas G G Rhode

2327 Edmondson

Baltimore

MAY 9-1952

DWE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3025

52 4404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4404
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT

RICH

2. DATE
OF
DEATH

May 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

17-02

D. STREET ADDRESS (If rural, give location)

1140 Wilmer Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 2, 1942

9. AGE (in years
last birthday)

9

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A

13. FATHER'S NAME

Ragan Young

14. MOTHER'S MAIDEN NAME

Catherine Rich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Robert Young 1821 Druid Hill

18. 929.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO drowning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

pool

21C. WHERE DID (If in Baltimore City, give exact location)

INJURY OCCUR?

Sea lion pool-Druid Hill Park. 13-4

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 6, 1952

3:45 P. m.

21E. INJURY OCCURRED
WHILE AT ☐ WORKNOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Drowned in pool

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☒ASSISTANT MEDICAL EXAMINER..... ☐MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

May 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-10-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

A. Hensley Biddle

V S 151

N990X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4405

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN HENRY HOUSTON

2. DATE
OF
DEATH

May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

600 N. Arlington Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

906 Edmondson Ave

5300

c. Length of stay in Baltimore

1 Hour

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 9, 1901

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Sen.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

William H. Houston

14. MOTHER'S MAIDEN NAME

Annie Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

710-09-6386

17. INFORMANT

ADDRESS

Mrs. Lillian Houston 906 Edmondson

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

show

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1949, to 5/8, 1952 that I last saw the
deceased alive on 5/8, 1952 and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-11-52

24C. NAME OF CEMETERY OR CREMATORY

Western Star Cem

24D. LOCATION (City, town, or county) (State)

Catonsville, Balto. Co., Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1952

Huntington Williams, Jr. Wm. Francis T. Hensley Biddle St.

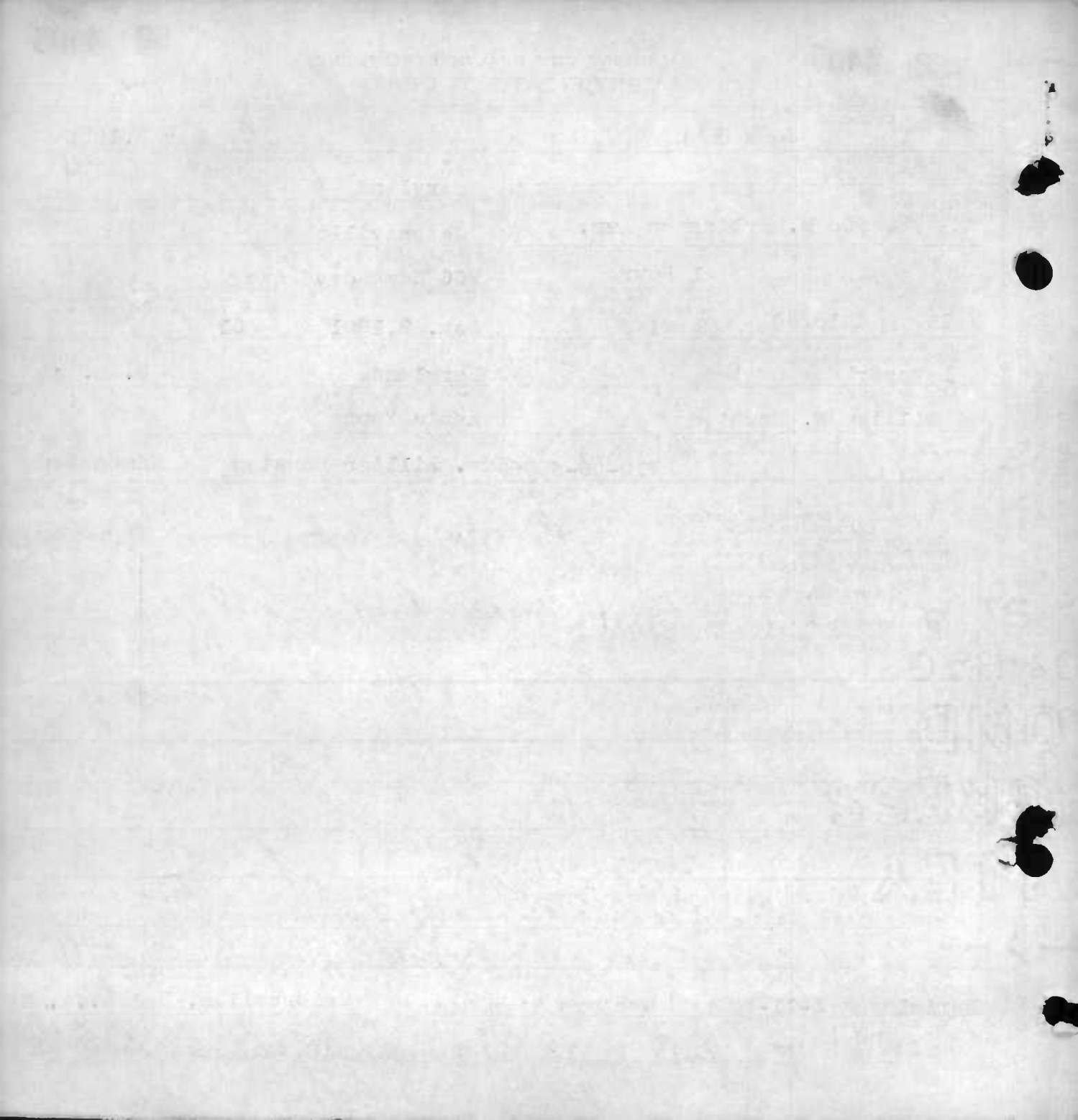
VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



W-656
MARGIN RESERVED FOR BINDING
PLEASE WRITE IN UNFADING INK. Every item of information should be carefully and correctly written. Physicians: please write the causes of death clearly and briefly.

52 4406

WOERNER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4406

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET Woerner		2. DATE OF DEATH MAY 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 615 McCabe Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-10	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 615 McCabe Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75
13. FATHER'S NAME George W. Awalt		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Carrie Pieffer	
17. INFORMANT Mr. Morris P. Abicht		ADDRESS 615 McCabe Ave	
18. 45010 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic ulcerative colitis DUE TO			INTERVAL BETWEEN ONSET AND DEATH 10 yrs
19A. DATE OF OPERATION May 7, 1952		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 15, 1952 , to May 7, 1952 that I last saw the deceased alive on May 7, 1952 and that death occurred at 10:45 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Fredrick J. Valen		23B. ADDRESS 6100 York Rd	
23C. DATE SIGNED May 8, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 10, 1952	
24C. NAME OF CEMETERY OR CREMATORY Louder Park		24D. LOCATION (City, town, or county) (State) BALTIMORE Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Glenn F. Day		ADDRESS 5209 York Rd	

DATE

AMOUNT

PAID TO

FOR

BY

TO

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

FOR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

220
AB-133000

52 4407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4407
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Kekich

2. DATE
OF
DEATH

May 8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-
4940 Eastern Ave.,

C. Length of stay in Baltimore

39yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 5-1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

of actor / Ketch

10B. KIND OF BUSINESS OR
INDUSTRYMens Clothing - White
MF9

11. BIRTHPLACE (State or foreign country)

Yugoslavia

12. CITIZEN OF
WHAT COUNTRY?

Yugoslavia

13. FATHER'S NAME

JELICHICH

(D)

14. MOTHER'S MAIDEN NAME

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)217 Social 3353
214-03-1591

17. INFORMANT

Baltimore City Hospitals
Records: 4940 Eastern Ave.

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28-1952, to 5-8-1952, that I last saw the
deceased alive on 5-8-1952, and that death occurred at 7.20PM, from the causes and on the date stated above.

23A. SIGNATURE

J.B. Egan

M. O.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

5-8-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-10-1952

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 9 - 1952

REGISTRAR'S SIGNATURE

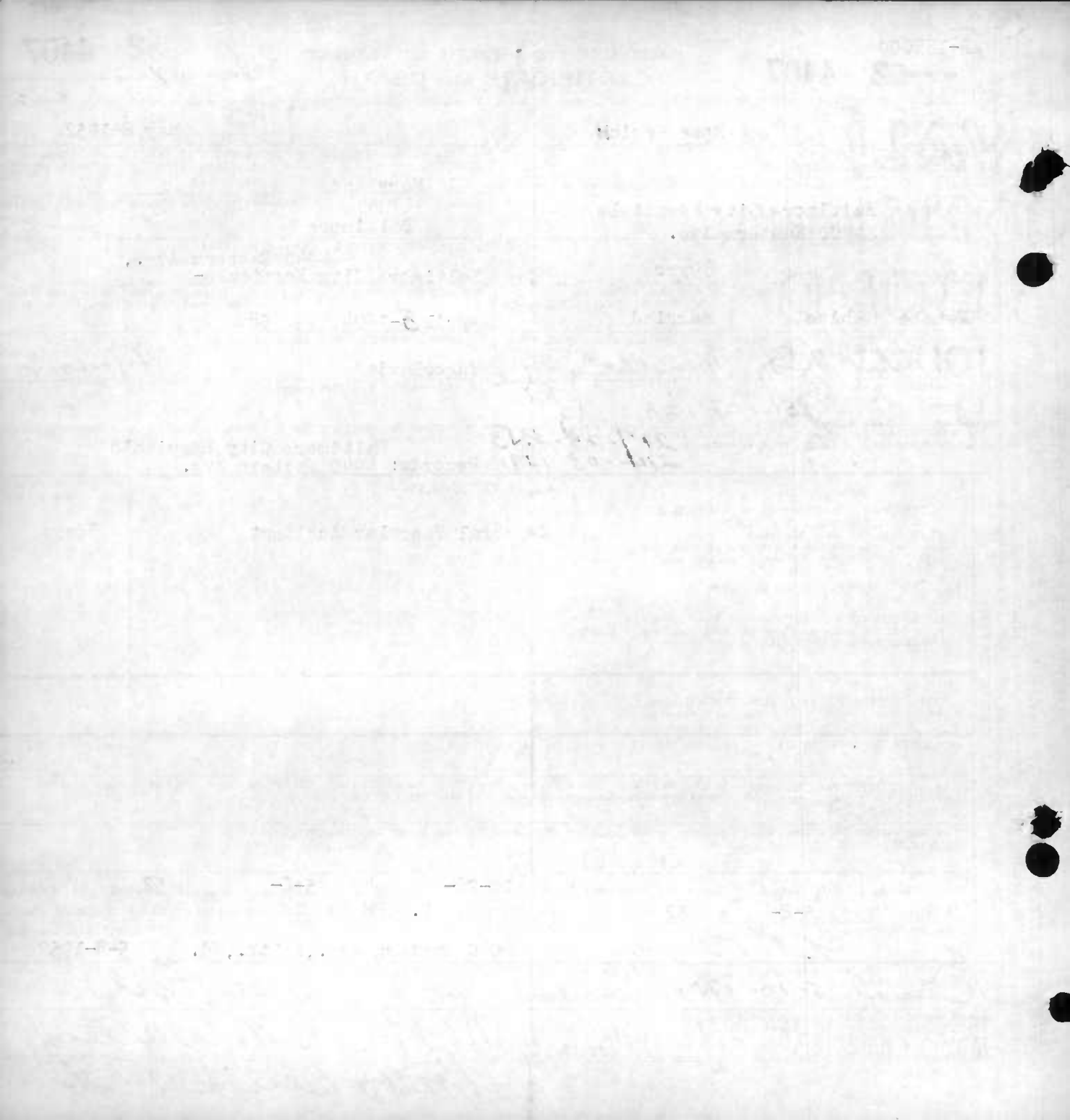
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Roth & B. M. Walters

ADDRESS

590 46 1st & Strickland St



52 4408

52 4408

REA-149128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Max Roemer

2. DATE
OF DEATH May 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
B. C. H. 4940 Eastern Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 25, 1893

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR INDUSTRY

Rokas Bakery Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Conrad Roemer

14. MOTHER'S MAIDEN NAME

Margaret March

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. 297X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peripheral circulatory collapse

DUE TO

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) Agranulocytosis

DUE TO

2 weeks

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

?

19A. DATE OF OPERATION

March 27, 1952

19B. MAJOR FINDINGS OF OPERATION

Intermittant Claudication

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4 1951 to 5-5 1952, that I last saw the deceased alive on 5-5 1952, and that death occurred at 7:20A m., from the causes and on the date stated above.

23A. SIGNATURE

P. D. Ozen

23B. ADDRESS

M. D. 4940 Eastern Avenue

23C. DATE SIGNED

5-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 10/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip Henry Long

ADDRESS

2024 Orleans St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4409

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sophie Blicher

2. DATE
OF
DEATH

May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE *Florida* B. COUNTY *V-18*

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

West Palm Beach

D. STREET ADDRESS (If rural, give location)

921 Stillcrest Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 20, 1908

9. AGE (In years
last birthday)

43

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York, N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Brodwin

14. MOTHER'S MAIDEN NAME

Cecilia Rosen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *416x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Rheumatic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

51 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from *5-2*, 19*52*, to *5-8*, 19*52*, that I last saw the
deceased alive on *5-8*, 19*52*, and that death occurred at *9:50 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

Philip R. Kuvens

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

May 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

May 9/52

24C. NAME OF CEMETERY OR CREMATORY

Miami Cem

24D. LOCATION (City, town or county)

Miami Fla

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Ruvig Sons 2024 Orleans St

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4410				5-12-52				52 4410			
BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH							
JOSEPH SCHWARTZ				May 3, 1952							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY							
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01							
C. Length of stay in Baltimore 2 years				D. STREET ADDRESS (If rural, give location) 307 S. Sharp St.							
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1897	9. AGE (In years last birthday) 55	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker			10B. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Joseph Schwartz				14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 488-10-9689		17. INFORMANT ADDRESS James Dunn, Nephew, 4216 Flowertown Rd.							
18. 581.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic alcoholism Fatty Liver ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?							
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .											
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED May 3, 1952		23D. ASSISTANT MEDICAL EXAMINER					
24A. BURIAL, CREMATION, REMOVAL (Specify) 5-10-52		24B. DATE 5-10-52		24C. NAME OF CEMETERY OR CREMATORY ST PETERS		24D. LOCATION (City, town, or county) (State) BALTO, Md					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thos J. Kenny Inc. 1600 Hollands St		ADDRESS					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

526
52 4411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4411
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALLAN LINWOOD ENSOR		5-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2404 ERDMAN AVE.		BALTIMORE			
D. STREET ADDRESS (If rural, give location)		2404 ERDMAN AVE.			
c. Length of stay in Baltimore		10			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
M.	W.	MARRIED	3 FEB. 1883	69	
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
RETIRED - SUPT.		DRUG COMMISSARY		MARYLAND	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
AQUILLA ENSOR		CECELIA CROMER		U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
(If yes, give war or dates of service)		213-07625		ELSIE M. ENSOR (WIFE) SAME	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Myocardial Degeneration		2 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertension		3 yrs	
		(C) Chronic Interstitial Nephritis		4 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1950, to 5/7/52, that I last saw the deceased alive on 5-6-52, and that death occurred at 7A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
F. J. L. Hermann		1710 E. 33rd St.		5-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		5-10-52		BLACK ROCK	
24D. LOCATION (City, town, or county) (State)		BUTLER, BALTO. CO., MD.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 9 - 1952		Huntington Williams, M.D.		Walter Brooks Bailey, Dundalk, Md.	

1124

32

1957

1957

COMMITTEE

100-10-10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4412

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GERTRUDE H. HOFFMAN

2. DATE
OF DEATH

May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3711 Elm Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3711 Elm Ave.

c. Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Dec 31, 1870

9. AGE (In years last birthday)

82

10 Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wash. D. C.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Lewis Wilburn

14. MOTHER'S MAIDEN NAME

Alice Wall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Hood-3711 Elm Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 5, 1952 to May 8, 1952 that I last saw the deceased alive on May 8, 1952 and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Wilson M. D.

23B. ADDRESS

617 W 40th St

23C. DATE SIGNED

5/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial May 10/52

London Park

Frederick Rd. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1952

Huntington Williams

E. Sonoran 3818 Roland Ave

1915

BATHING & CITY HEALTH DEPARTMENT

1915

CERTIFICATE OF DEATH

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

W. O. W. W.

1915

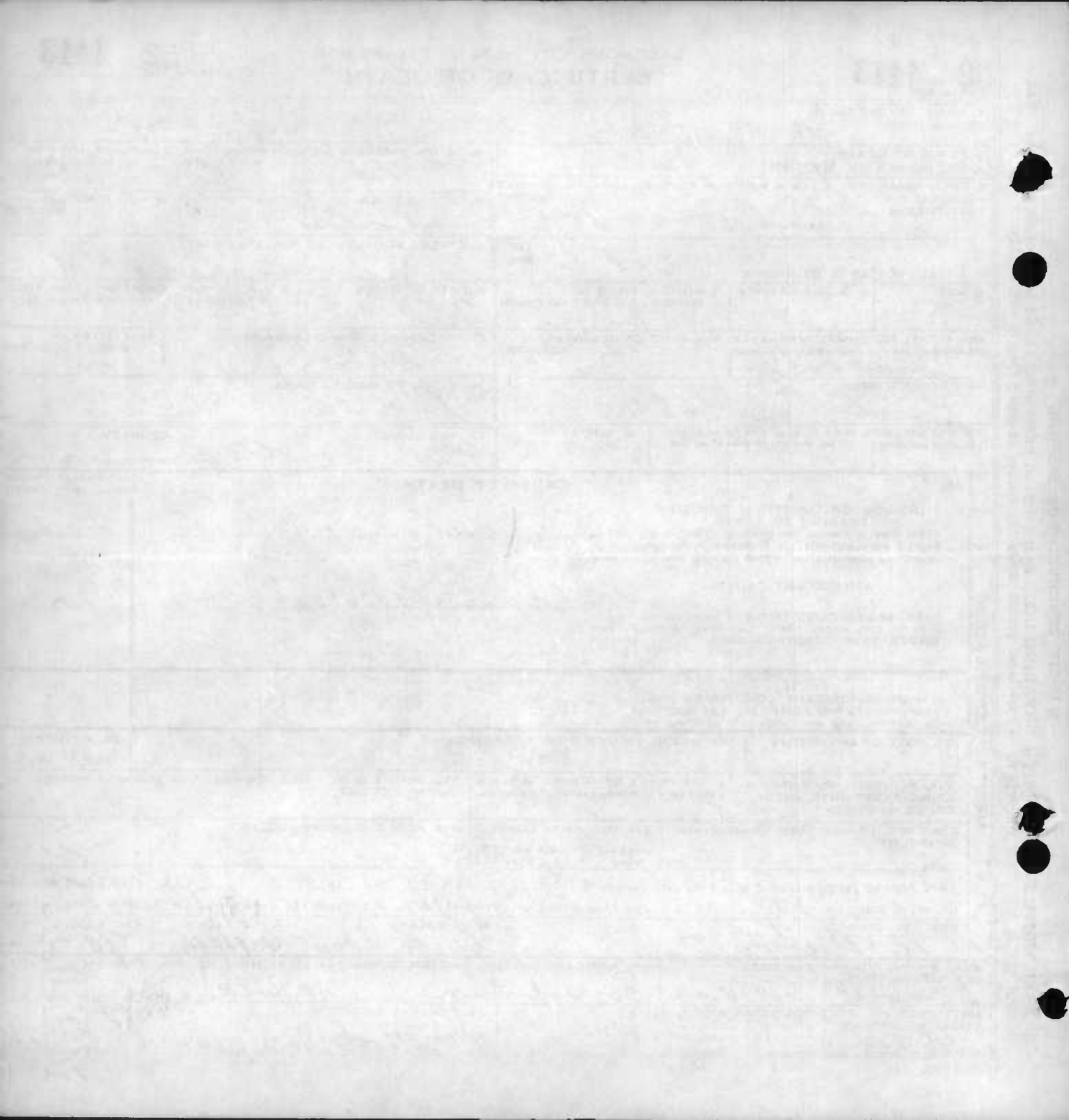
W. O. W. W.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4413520
52 4413
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>HILDA JONES</u>			2. DATE OF DEATH <u>May 8 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Relief</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>27-48</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home & Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 2-18</u>		
c. Length of stay in Baltimore <u>5-5</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>868 Benninghams Rd.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 4, 1887</u>		9. AGE (in years last birthday) <u>64</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>
13. FATHER'S NAME <u>Nicholas BATESON</u>			14. MOTHER'S MAIDEN NAME <u>Isabelle McComb</u> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Mr. Butler 868 Benninghams Rd.</u>

18. <u>151X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Bronchopneumonia</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>2 years</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Cancer of stomach</u> DUE TO		
(C) <u>—</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 20, 1951</u> to <u>May 8, 1952</u> , that I last saw the deceased alive on <u>May 7, 1952</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>D. Autour</u>		23B. ADDRESS <u>Church Home & Hosp.</u>		23C. DATE SIGNED <u>5/8/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>5/9/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>	
24D. LOCATION (City, town, or county) (State) <u>Norfolk, Virginia</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. Cook, Inc., 1217 St. Paul St.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 9 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			



PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

567-158298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4414

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Henry Franklin Somers

2. DATE
OF
DEATH

5-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

908 W. 38th Street-10

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED

Single

8. DATE OF BIRTH

March 5, 1900

9. AGE (in years last birthday)

52

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steamfitter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John A. Somers

14. MOTHER'S MAIDEN NAME

Mary Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
217-07-8510

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Possible Pulmonary Infarction

DUE TO

6 months

(C) Possible Carcinoma of the lungs

6 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1952, to 5-8, 1952, that I last saw the deceased alive on 5-8, 1952 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/10/52

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Towson,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

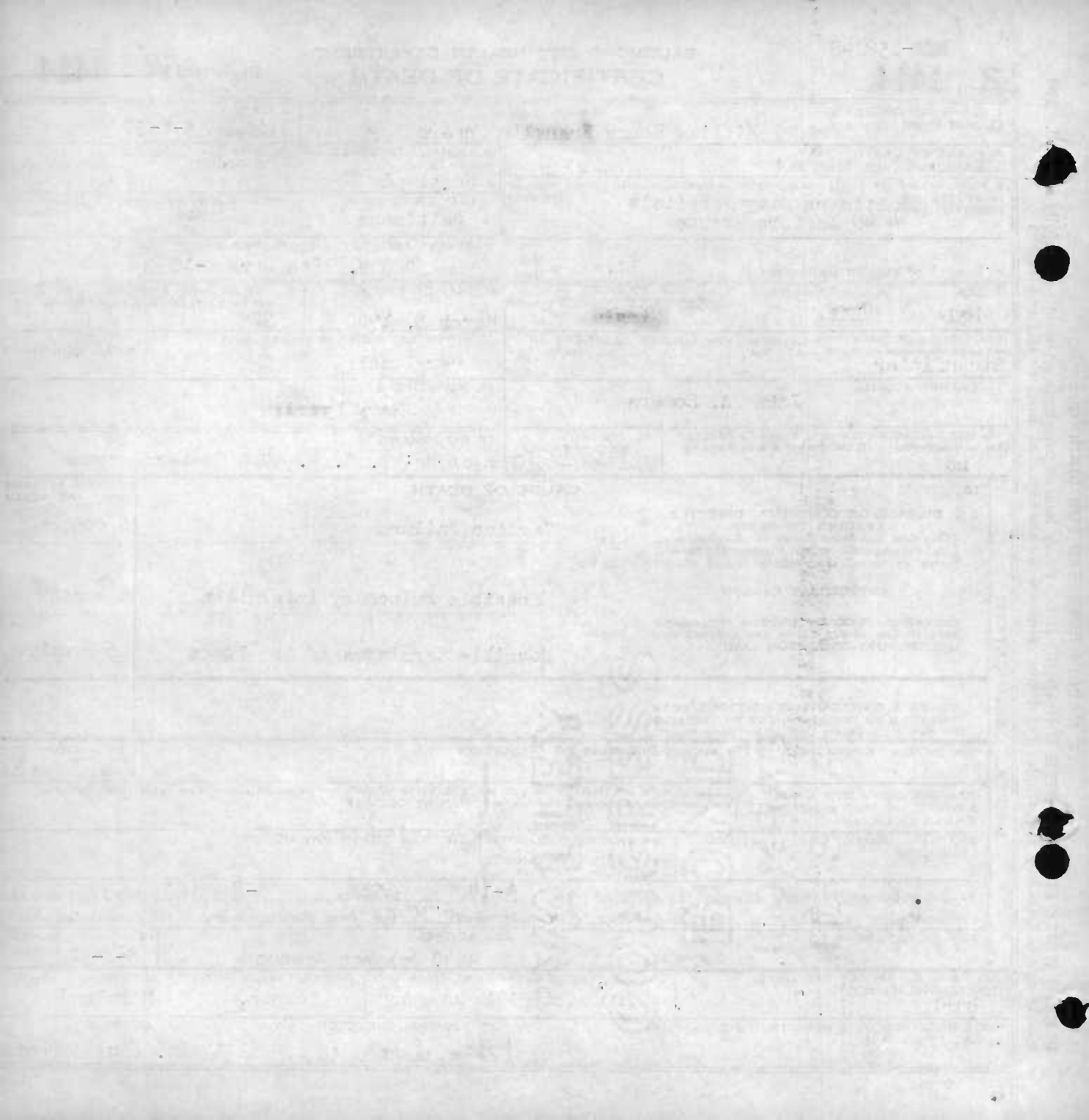
ADDRESS

MAY 9 - 1952

Huntington Williams

Wm. Cook, Inc.

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4415****52 4415**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alethia V. Talbott			2. DATE OF DEATH May 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2641 Hampden Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2641 Hampden Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 18, 1887		9. AGE (in years; last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Howard B. Garrett		
14. MOTHER'S MAIDEN NAME Margaret R. Diven			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Lillian E. Kennedy, 4311 Fordham Road		
18. 332X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 days					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis. DUE TO 1 year					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1945 to May 7, 1952 , that I last saw the deceased alive on May 6, 1952 and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert H. Ufortunni		23B. ADDRESS 2706 St Paul St		23C. DATE SIGNED 5/8/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5/10/52	24C. NAME OF CEMETERY OR CREMATORY Wiseburg Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm Cook, Inc. ADDRESS 1217 St. Paul Street	

1112

BALTIMORE & ANNE ARBOR

CERTIFICATE OF DEATH

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

1112

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4416
Registered No. 52 4416

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Kate (Duncan) Hyde

2. DATE
OF
DEATH

5-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

D. STREET ADDRESS (If rural, give location)

1100 E. North Ave

c. Length of stay in Baltimore

84

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec. 30, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Levi Duncan

14. MOTHER'S MAIDEN NAME

Elizabeth Rider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or ookoowo)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Harry Hyde

same

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Coronary occlusion
Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C) Malnutrition & cachexia

INTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4-15, 1952, to 5-8, 1952, that I last saw the deceased alive on 5-8, 1952, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William L. Anderson

M. D.

Union Memorial Hosp

5-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/10/52

Mt. Olivet

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1952

Huntington Williams

Wm Cook Inc. 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-355
52 4417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4417

1. NAME OF DECEASED (Type or Print) THOMAS LEE BATEMAN		2. DATE OF DEATH May 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5205 York Road	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/13/02
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Insurance Salesman		9. AGE (in years last birthday) 50 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Thomas Bateman		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Anna Corbin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) Yes WW2- USN	
16. SOCIAL SECURITY NO. 26-10-5986		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 527.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary insufficiency due to bullous emphysema, severe. CAUSE OF DEATH DUE TO (A) Pulmonary insufficiency due to bullous emphysema, severe. (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Unknown			
19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr. 28 , 19 52 , to May 8 , 19 52 , that I last saw the deceased alive on May 8 , 19 52 , and that death occurred at 8 A m., from the causes and on the date stated above.			
23A. SIGNATURE D.W. Patrick, Medical Officer in Charge		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 5/8/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/12/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4418

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn Hofer

2. DATE
OF
DEATH

May 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Del 3

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sparrows Point

D. STREET ADDRESS (If rural, give location)

620 E. St

5200

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 28, 1918

9. AGE (In years
last birthday)

33

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John D. Dwyer

14. MOTHER'S MAIDEN NAME

Sarah James

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(1) UREMIA (AZOTEMIA)

35 days

DUE TO

Kimmelstiel Wilson Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(2) of Kidneys & to (3)

4 yrs

DUE TO

(3) Diabetes Mellitus

18 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Vascular Disease

4 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1952, to 5-7, 1952, that I last saw the
deceased alive on 5-7, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Rose

M. D.

23B. ADDRESS

Johns Hopkins Hospital

23C. DATE SIGNED

May 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/10/52

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Balto. St

113

STATE OF NEW YORK
CERTIFICATE OF DEATH

113

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
DISEASE OR INJURY
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
DISEASE OR INJURY
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 4419

BIRTH 1419

1. NAME OF DECEASED (Type or Print) THOMAS CURRAN			2. DATE OF DEATH May 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 702 N. Linwood Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-17-1877	9. AGE (In years last birthday) 75	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas J. Curran			14. MOTHER'S MAIDEN NAME Mary A. Hennely		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Florance M. Curran			ADDRESS Ave 702 N. Linwood		

18. 731X and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Paget's disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Arteriosclerotic cardiovascular disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Old subdural hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH:21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
702 N. Linwood Street21D. TIME (Month) (Day) (Year) (Hour)
April 25, 195221E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to floor, striking his head

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE
William V. ...23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 8, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5-12-195224C. NAME OF CEMETERY OR CREMATORY
New Cathedral24D. LOCATION (City, town, or county)
Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 9 - 1952REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
John A. Moran

ADDRESS

3000 E. Baltimore St.

VS 151

N854.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4420

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul LAMB DIN

2. DATE
OF
DEATH

5-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Q. & C.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

48 Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Reisterstown

D. STREET ADDRESS (If rural, give location)

Harlem and Crab Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH

May 16; 1893

9. AGE (In years
last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Lambdin

14. MOTHER'S MAIDEN NAME

Butter Florence

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Diabetes mellitus
acidosis and uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Longestive heart failure
(C) HydronephrosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.20, 1952 to 5.7, 1952 that I last saw the
deceased alive on 5.7, 1952 and that death occurred at 6:05 PM., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. Linn

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5.7.52

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial May 10 1952

Lorraine Park, Md. Windsor Mill Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, 157

Leah Brook 1701-03 N. Patterson Park Ave

MAY 9 - 1952

54499

0300

20

0310



B-52 630 4421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4421

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J

BRAID

2. DATE
OF
DEATHMAY 8
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

60 PINE CREST SANITARIUM

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORED. STREET ADDRESS (If rural, give location)
7560 BELAIR ROAD

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 21 1865

9. AGE (In years
last birthday)

86

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BANK CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

70 NATIONAL TRUST

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES BRAID.

14. MOTHER'S MAIDEN NAME

AGNES DOW LAIPPEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

JEANNETTE BICHELL 7560 BELAIR RD.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) CHRONIC MYOCARDITIS AND
DUE TO MYOCARDIAL DEGENERATION

3 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio Vascular ?
DUE TO HEART DISEASE

(C) Arteriosclerosis, Generalized ?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Sensitivity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 10, 1949, to MAY 8, 1952, that I last saw the
deceased alive on MAY 7, 1952, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

23B. ADDRESS

5000 Old Frederick RD.

23C. DATE SIGNED

5/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 10 1952

24C. NAME OF CEMETERY OR CREMATORY

MORELAND PARK CEMETERY

24D. LOCATION (City, town, or county) (State)

TAYLOR AVE

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

7110 BELAIR RD.

1951

15

STATE OF NEW YORK

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4422

52 4422

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William E. SAUBLE</u>			2. DATE OF DEATH <u>8 May '52</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital of Maryland Inc</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <u>5267 Cordelia Ave.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar 1891</u>	9. AGE (in years last birthday) <u>61</u>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dispatcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sun-Est Co</u>	11. BIRTHPLACE (State or foreign country) <u>New Windsor Maryland U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Wesley E. Sauble</u>			14. MOTHER'S MAIDEN NAME <u>Irene Koontz</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <u>216-10-6495</u>	17. INFORMANT ADDRESS <u>5267 Cordelia Ave</u>		
18. <u>420.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>Acute coronary occlusion</u> DUE TO (B) <u>Hypertensive A.S. Heart disease and Cor Pulmonale.</u> DUE TO (C) <u>Chronic emphysema & asthma.</u>		
19a. DATE OF OPERATION <u>0</u>			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8 May</u> , 19 <u>52</u> to <u>8 May</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8 May</u> , 19 <u>52</u> and that death occurred at <u>6 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>William F. Bremer</u>			23b. ADDRESS <u>Lutheran Hospital</u>		23c. DATE SIGNED <u>8 May 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheatridge Memorial Pa</u>		24d. LOCATION (City, town, or county) (State) <u>Long Myers 5005 Ph Rd Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 9 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Long Myers 5005 Ph Rd Baltimore</u>	

83M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

84M

57

84M

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4423**BIRTH NO. **630**1. NAME OF DECEASED
(Type or Print) **William C. Braid, Sr.**2. DATE
OF DEATH **5/8/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **4311 LaSalle Ave**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **MD.** B. COUNTY **CL** before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore **Life**5. SEX **male**6. COLOR OR RACE **white**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**8. DATE OF BIRTH **12/27/1909**9. AGE (In years last birthday) **42 yrs**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY **Electrical**11. BIRTHPLACE (State or foreign country) **Baltimore**12. CITIZEN OF WHAT COUNTRY? **MD.**13. FATHER'S NAME **William C. Braid, Sr.**14. MOTHER'S MAIDEN NAME **Mary Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

16. SOCIAL SECURITY NO. **World War II**17. INFORMANT **4311 LaSalle Ave Mrs. Kathleen S. Braid**18. **154 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH **1 yr.**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carcinoma Rectum**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **—**
DUE TO(C) **—**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **March 3/52**19B. MAJOR FINDINGS OF OPERATION **Inoperable Carcinoma - Large Bowel**

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **2/17** 19**52**, to **May 8**, 19**52**, that I last saw the deceased alive on **May 6**, 19**52**, and that death occurred at **6:30** a.m., from the causes and on the date stated above.23A. SIGNATURE **J. S. Harding**23B. ADDRESS **3805 Belair Rd**23C. DATE SIGNED **May 9/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **5/12/52**24C. NAME OF CEMETERY OR CREMATORY **Low Baltimore Natl Cem.**24D. LOCATION (City, town, or county) (State) **5501 Frederick Ave**

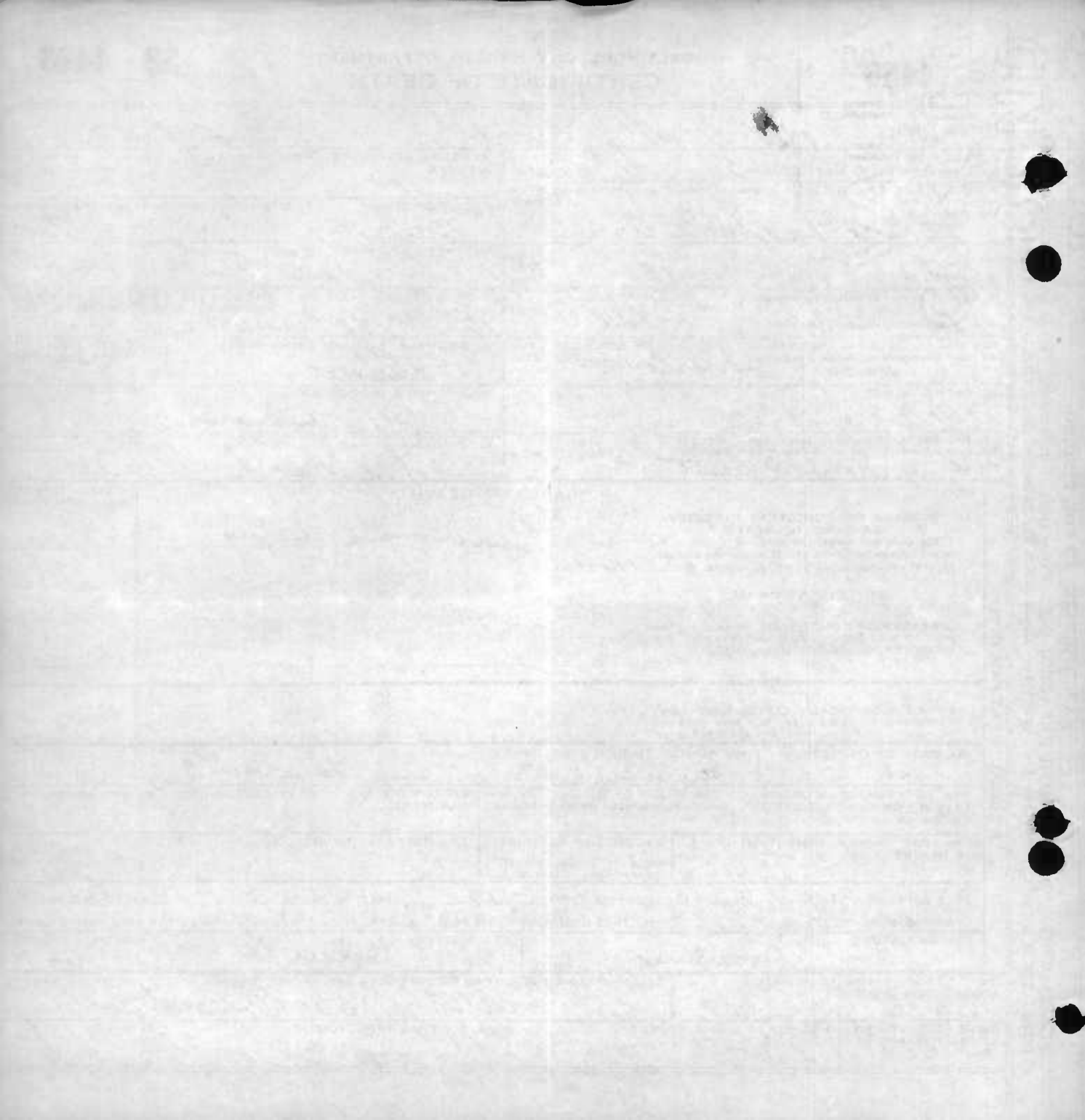
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

ADDRESS **501 Hollins St.**

51524



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4424**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**GEORGE JOSEPH EBERT, SR.**2. DATE OF DEATH
May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 101 N. Linwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

101 N. Linwood Ave.

c. Length of stay in Baltimore

lifeYrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 19, 1876

9. AGE (In years last birthday)

75

10 Under 1 Year

Months

Days

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumbing & Heating Contr.

10B. KIND OF BUSINESS OR INDUSTRY

own

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Ebert

14. MOTHER'S MAIDEN NAME

Sophia Grauling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Barbara Ebert, wife, above18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

5/8/52

ANTECEDENT CAUSES

(B)

DUE TO

Chn Myocarditis**5/1/50**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/1/52**, 19**52** to **5/8/52**, 19**52**, that I last saw the deceased alive on **5/8**, 19**52**, and that death occurred at **2:52** p. m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Rydman

M. D.

23B. ADDRESS

801 - Kenwood Ave.

23C. DATE SIGNED

5/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd., Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

TIME: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

DATE: [illegible]

SIGNATURE OF DECEASED: [illegible]

SIGNATURE OF WITNESS: [illegible]

DECEASED'S ADDRESS: [illegible]

DECLARATION OF DEATH
I, the undersigned, being a duly qualified medical practitioner, do hereby certify that the above-named person has died at the place and on the date and at the age and sex and of the cause of death as stated in the foregoing particulars.

SIGNED AND TESTED IN MY PRESENCE

ATTEST: [illegible]

WITNESSES: [illegible]

DECEASED'S SIGNATURE: [illegible]

DECEASED'S ADDRESS: [illegible]

DECEASED'S SIGNATURE: [illegible]

DECEASED'S ADDRESS: [illegible]

DECEASED'S SIGNATURE: [illegible]

DECEASED'S ADDRESS: [illegible]

DECEASED'S SIGNATURE: [illegible]

DECEASED'S ADDRESS: [illegible]

DECEASED'S SIGNATURE: [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 44251. NAME OF DECEASED
(Type or Print)*Helen Seleske (Zaleski)*2. DATE
OF
DEATH*May 9 1952*

3. PLACE OF DEATH:

*Baltimore City, Maryland Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Maryland General Hospital*Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Ind.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

121 S. Curley St.

5. SEX

female

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*July 4 1890*9. AGE (in years
last birthday)*61*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*housewife at home*10B. KIND OF BUSINESS OR
INDUSTRY*none*

11. BIRTHPLACE (State or foreign country)

*Vienne (Czechoslovakia)*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Jozef Tieble

14. MOTHER'S MAIDEN NAME

*Frances Mach*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*no*16. SOCIAL
SECURITY NO.*none*

17. INFORMANT

ADDRESS

18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *nephrosclerosis & anuria*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerotic cardio-vascular*

DUE TO

(C) *disease & cardiac decompensation*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 8, 1952*, to *May 9, 1952*, that I last saw the
deceased alive on *May 9, 1952*, and that death occurred at *4:50 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Sze-Jui Liao

M. D.

23B. ADDRESS

The General Hospital

23C. DATE SIGNED

*May 9 1952*24A. BURIAL, CREMA-
TION, REMOVAL Specify*Burial*

24B. DATE

5/12/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.,

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

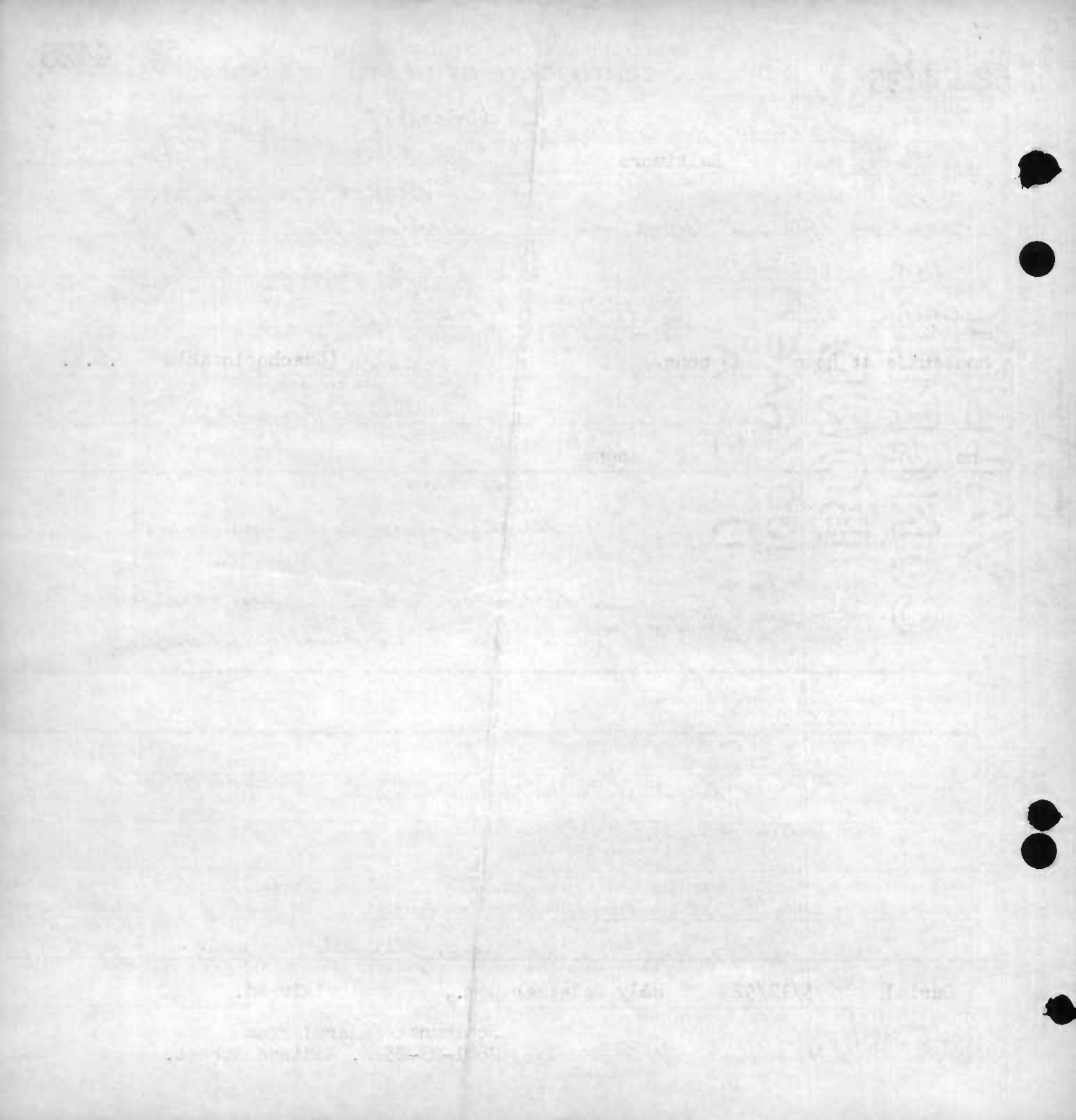
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home

ADDRESS

2601-03-05 E. Madison Street.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 4426**

 BIRTH NO. **52 4426**

1. NAME OF DECEASED (Type or Print) Mabel E. Griffin		2. DATE OF DEATH May 8, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1225 Poplar Grove St.,		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1225 Poplar Grove St.,	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 8, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Western Md.R.R.	9. AGE (In years last birthday) 64 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME James A. Griffin		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Hannah R. Hennessy	
17. INFORMANT		ADDRESS Miss Nellie Griffin 1225 Poplar Grove	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO General arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General arteriosclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ✓		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> ✓	21f. HOW DID INJURY OCCUR? ✓	
22. I hereby certify that I attended the deceased from Jan 10, 1952 to May 8, 1952 , that I last saw the deceased alive on May 7, 1952 and that death occurred at 1 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. H. Williams		23b. ADDRESS 1219 Poplar Grove	
23c. DATE SIGNED 5/8/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Woodlawn Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.	

Dr. John H. Ireland
1219 Poplar Grove Rd

6-730 pm

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4427**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frank Wilson Turner			2. DATE OF DEATH May 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1141 N. Calhoun St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50 Yrs.			D. STREET ADDRESS (If rural, give location) 1141 N. Calhoun St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 22, 1871	9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10B. KIND OF BUSINESS OR INDUSTRY Dept. Store		
11. BIRTHPLACE (State or foreign country) Prince George Co., Md.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles Turner			14. MOTHER'S MAIDEN NAME Ella ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Ada Brown-528 McMechen St.			ADDRESS		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. A.H.C.V.D		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Case discussed with medical examiner who advised that I sign			
22. I hereby certify that I attended the deceased from Feb. 1950 , 19__, to Sept. 51 , 19__, that I last saw the deceased alive on Sept. 1951 , and that death occurred at 9 P m., from the causes and on the date stated above.					
23A. SIGNATURE George McDonald		23B. ADDRESS 844 N. Carey St Baltimore, Md.		23C. DATE SIGNED	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/10/1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Holland Funeral Home-1631 Druid Hill Ave.	

1944

1944

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

1944

REPORT OF THE SECRETARY OF AGRICULTURE

ON THE PROGRESS OF AGRICULTURE

IN THE UNITED STATES

FOR THE YEAR

1943

AND

FOR THE YEAR

1944

AND

FOR THE YEAR

1945

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
1944

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
1944

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
1944

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
1944

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
1944

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
1944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered **52 4428**BIRTH NO. **52 4428**

1. NAME OF DECEASED (Type or Print) John Arnold Johnston			2. DATE OF DEATH May-9-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 103 W. 39th. Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION at home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
c. Length of stay in Baltimore 33 years			D. STREET ADDRESS (If rural, give location) 103 W. 39th. Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-6-1897		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier, Balto. Branch Federal Reserve Bank		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Natural Bridge, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dr. A. N. Johnston			14. MOTHER'S MAIDEN NAME Anna Arnold		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. World War #1		17. INFORMANT ADDRESS Mrs. Esther L. Johnston (wife) Balto. Md.	
18. 178X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestate carcinoma DUE TO ANTECEDENT CAUSES Serious DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. —			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1952 to May 9, 1952 that I last saw the deceased alive on May 9, 1952 , and that death occurred at 12:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John H. Treacher		23B. ADDRESS 1035 W. Calver St.		23C. DATE SIGNED May 9, 1952	
24A. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24B. DATE May-10-1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ride Cemetery	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Co., 108 W. North Avenue.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4429**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JAMES J. RHODY**2. DATE
OF DEATH **May 8, 1952**3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION**South Baltimore General Hospital**

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

50 - Grant Ave.

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

July-28-19279. AGE (In years
last birthday)**24**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Radio - 2nd Class**10B. KIND OF BUSINESS OR
INDUSTRY**Coast Guard**

11. BIRTHPLACE (State or foreign country)

Keirny, New Jersey12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Unknown - deceased

14. MOTHER'S MAIDEN NAME

Agnes Rhody15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**yes**16. SOCIAL
SECURITY NO.**Now - U.S. Coast Guard**

17. INFORMANT

U.S. Coast Guard

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Skull fracture****EX-10X**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Fracture of right femur****EX-10X**(C) **Multiple contusions and lacerations**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**Highway**21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**Crane Highway at Furnace Branch Road**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**May 8, 1952 2:00**

A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Occupant of auto which struck culvert22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Hunt23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 8, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Removal**

24B. DATE

May 9 - 1952

24C. NAME OF CEMETERY OR CREMATORY

John B. Condon Funeral Home, Keirny N.J.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Carl O. Morison Funeral Home Inc.

VS 151

N 804.2**076 91 403-E-25th St. Batts, 18-100**

Form with multiple horizontal lines for text entry, including fields for name, date, and location. The text is faint and mostly illegible.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 4430**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry Rochfort Harry H. Rochfort			2. DATE OF DEATH May 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL			4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission) A. STATE md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 33			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 824 E. North Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-18-86		9. AGE (In years last birthday) 66 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin Rochfort			14. MOTHER'S MAIDEN NAME Bertha Hall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 085-03-8585		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident ?			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., lu or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8, 1952 to 5-8, 1952 that I last saw the deceased alive on 5-9, 1952 , and that death occurred at 7:05 PM. , from the causes and on the date stated above.			
23A. SIGNATURE R E Wells		23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 5-9-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May, 12, 1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedrel	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952	REGISTRAR'S SIGNATURE Hamington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Md.	

1000 1000

RECEIVED THE DEATH

1000

Wm. R. 1000

Henry R. 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000

1000

1000

1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4431**

1. NAME OF DECEASED (Type or Print) Mr. Kinley Alexander		2. DATE OF DEATH 5-7-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1712 E. Eager Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 28 years		D. STREET ADDRESS (If rural, give location) 1712 E. Eager Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-10-1899
9. AGE (in years last birthday) 52	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairing	11. BIRTHPLACE (State or foreign country) Graysville, Georgia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Seab Alexander		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Laura Alexander		ADDRESS 1712 E. Eager St.	
18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 19 1/2 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes & Cardio-vascular disease.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1952 , to May 7, 1952 , that I last saw the deceased alive on May 7, 1952 and that death occurred at 11:30 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. J. Julian		23B. ADDRESS 511 N. Schenck St.	23C. DATE SIGNED 5/9/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 5-11-1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952		25. FUNERAL DIRECTOR Huntington Williams, 1412 E. Preston St.	

THE STATE OF TEXAS

COUNTY OF DALLAS

Know all men by these presents, that

JOHN A. BROWN, of the County of Dallas, State of Texas,

do hereby certify that

the within and foregoing is a true and correct

copy of the original as the same appears

on the records of the County of Dallas,

State of Texas, this 1st day of

January, 1911.

JOHN A. BROWN, County Clerk.

My commission expires this 1st day of

January, 1911.

Witness my hand and the seal of the County of Dallas,

State of Texas, this 1st day of

January, 1911.

JOHN A. BROWN, County Clerk.

My commission expires this 1st day of

January, 1911.

JOHN A. BROWN, County Clerk.

My commission expires this 1st day of

January, 1911.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4432BIRTH NO. 52 44321. NAME OF DECEASED
(Type or Print)Samuel2. DATE
OF
DEATH5/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Mercy Hospital

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

md -

B. COUNTY

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

2932 Independence St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

Feb 29 18809. AGE (in years,
last birthday)72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Tool Room10B. KIND OF BUSINESS OR
INDUSTRYStoves

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Samuel R. Watkins

14. MOTHER'S MAIDEN NAME

Anna B. Caskey15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. T. Horst - 2932 Independence St.18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of lung, rt.

DUE TO

ANTECEDENT CAUSES

(B)

Pleural effusion.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Renal failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.arteriosclerotic c.v.d.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATHno21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3, 1952 to 5/9, 1952; that I last saw the
deceased alive on 5/9, 1952, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE

F. R. Perilla

M. O.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

5/8/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5/12/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 10 1952 Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Mr. J. Lickner & Sons
Balto 17, Md.

VS 15C

3903D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4433**

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FANNIE E. DAVIS		May 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2117 Dennison St.			A. STATE Md.		
C. CITY OR TOWN Anneslie			B. COUNTY Baltimore		
D. STREET ADDRESS (If rural, give location) 726 Dunkirk Rd.			5. SEX female		
6. COLOR OR RACE white			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		
8. DATE OF BIRTH Feb. 12, 1865			9. AGE (In years last birthday) 87		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John H. Edwards			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. William B. Davis - 726 Dunkirk Rd.			ADDRESS		
18. 422.1 CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis					months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arterio-sclerosis					years?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 28, 1952 to May 8, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Frank W. Ogden		23B. ADDRESS 2701 N. Calvert St.		23C. DATE SIGNED May 9, 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/12/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. FUNERAL DIRECTOR Huntington Williams, 157 W. 17th St.		24F. ADDRESS Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952		REGISTRAR'S SIGNATURE		ADDRESS	

FOARD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4434

BIRTH NO. 60 52 164 1934

1. NAME OF DECEASED
(Type or Print) Rose Cooper (Rosetta E Cooper)

2. DATE OF DEATH May 8th 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived before admission):
A. STATE Maryland
B. COUNTY 9-08

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 2139 Kirk Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore Life

D. STREET ADDRESS (If rural, give location)
2139 Kirk Avenue

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH Jan 14, 1895

9. AGE (in years last birthday) 57

If Under 1 Year

Months: Days Hours: Min.

3 24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTH PLACE (State or foreign country)
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME John M. Fisher

14. MOTHER'S MAIDEN NAME Margaret Colburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
No

16. SOCIAL SECURITY NO. None

17. INFORMANT Lawrence A Cooper

ADDRESS 2139 Kirk Ave

18. 190X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO Generalized Metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO Melanosarcoma Rt Foot

(C)

INTERVAL BETWEEN ONSET AND DEATH

7

7

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1946 May 8, 1952, that I last saw the deceased alive on May 8, 1952 and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE Deceased

23B. ADDRESS 1261 E North Ave

23C. DATE SIGNED 5-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5-12-1952

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

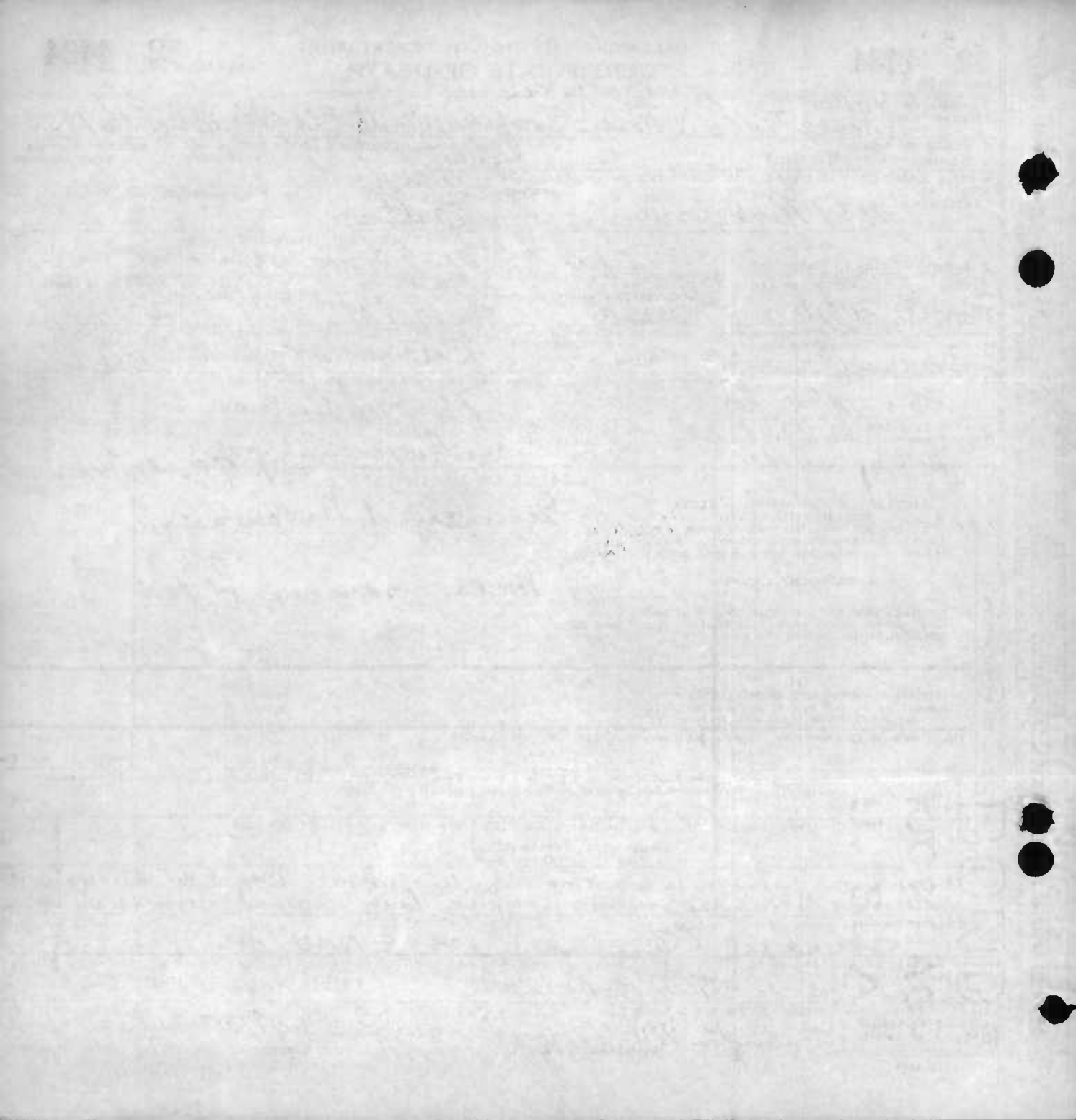
24D. LOCATION (City, town, or county) (State) Belair Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952

REGISTRAR'S SIGNATURE Huntington Williams, Jr.

25. FUNERAL DIRECTOR George J. Ruth, Inc.

ADDRESS 1735 Hanford Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4435

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GUSSIE STANLEY

2. DATE
OF
DEATH

5-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Joseph Hosp.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1323 N. CAROLINE ST.

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

?

9. AGE (In years
last birthday)

60

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ABRAHAM STANLEY

14. MOTHER'S MAIDEN NAME

MARY ANN BAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

BESSIE FOX 1610 MCHEIDERY

18. 593X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-52 to 5-7-52, that I last saw the
deceased alive on 5-7-52 and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Jas. R. Blake

M. D.

23B. ADDRESS

1603 N. Caroline

23C. DATE SIGNED

5-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-10-52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

AA. County, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph S. Lock, Jr. / 304 N. Central Ave

2011 05

1000 PAGE

BOOK D

CONCRETE

WATNEY

S-552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 4436

BIRTH NO. 52 4436

1. NAME OF DECEASED (Type or Print) LEONARD E. SIMMONS			2. DATE OF DEATH May 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5702		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 29, 1922		9. AGE (In years last birthday) 29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Home building	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Ernest Simmons			14. MOTHER'S MAIDEN NAME Theresa Tremper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. World War II		17. INFORMANT Mrs. Ernest Simmons, White Marsh, Md.	

18. **E983 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Subdural hemorrhage**

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Restaurant (outside)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Essex Smith's Restaurant, 422 Eastern Blvd.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 10, 1952 3:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Assault - Fell, striking head on culvert	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Roberts		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/12/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Balts. City Md		24E. FUNERAL DIRECTOR Lassalle Funeral Home		24F. ADDRESS 7401 Belair Rd. Balt.	

MAY 10 1952

VS 151

N803.2

57024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4437

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Spencer Moore

2. DATE
OF DEATH May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE US PHS Hospital
Baltimore, Maryland26 Yrs.
26 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1300 Etting Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 18, 1888

9. AGE (in years last birthday)

63

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stock keeper

10B. KIND OF BUSINESS OR INDUSTRY

Government

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Hardenia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

ADDRESS

Records

US PHS Hospital, Balto., Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion with infarction

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary artery sclerosis

unknown

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from May 6, 19 52 to May 9, 19 52 that I last saw the deceased alive on May 9, 19 52 and that death occurred at 2:10 A. m., from the causes and on the date stated above.23A. SIGNATURE
John S. Benson, S.A. Surgeon

23B. ADDRESS

US PHS Hospital, Balto., Md.

23C. DATE SIGNED

5-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-13-52

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Balto Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home 631

VS 150

390 91

David Hillman

MARGIN RESERVED FOR BINDING

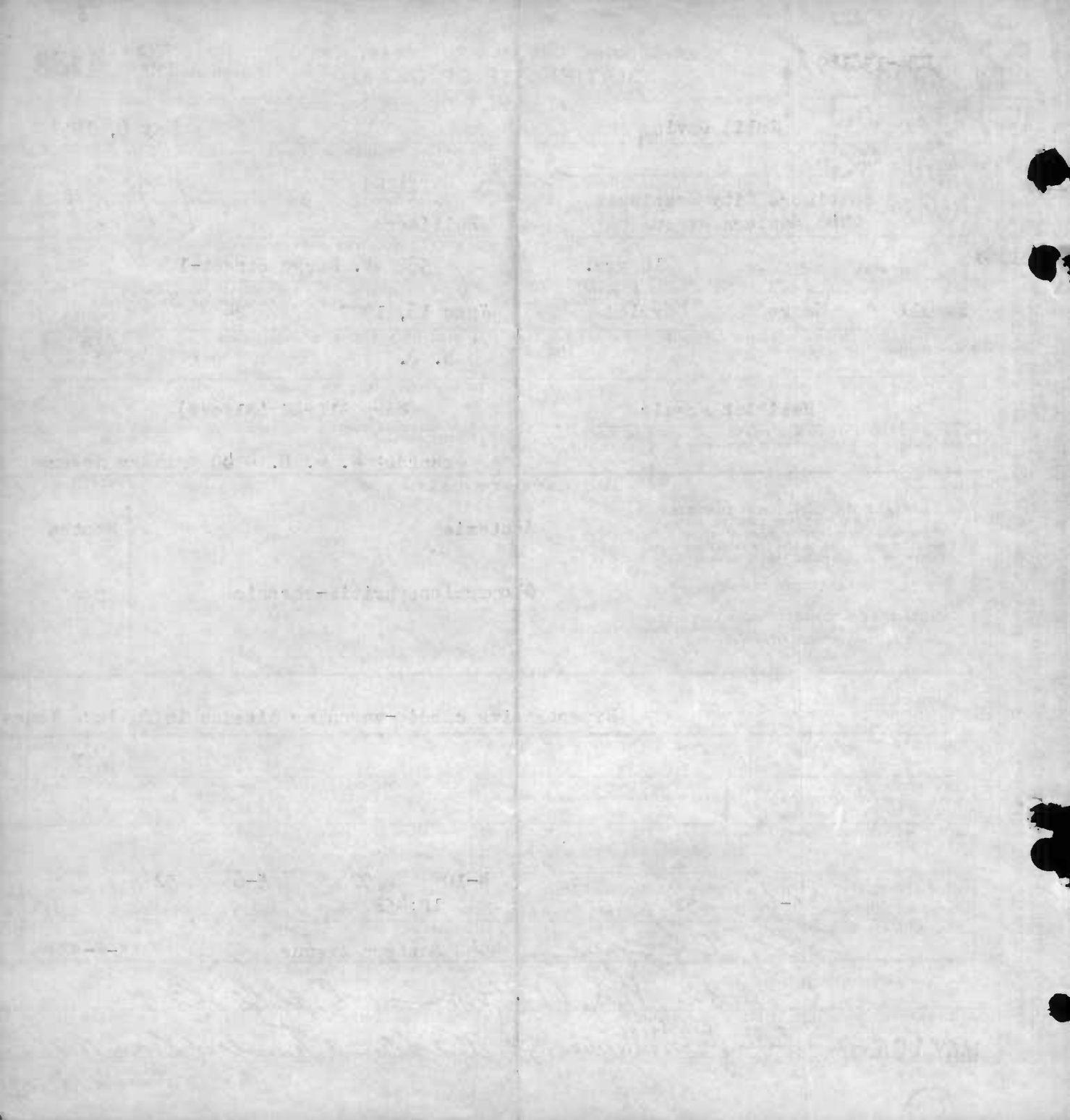
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF BIRTH		5. PLACE OF BIRTH		6. RACE	
7. MARRIED		8. OCCUPATION		9. CAUSE OF DEATH	
10. PLACE OF DEATH		11. TIME OF DEATH		12. SIGNATURE OF REGISTRAR	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF PHYSICIAN	
16. SIGNATURE OF CLERK		17. SIGNATURE OF JUDGE		18. SIGNATURE OF SHERIFF	
19. SIGNATURE OF CORONER		20. SIGNATURE OF JURY		21. SIGNATURE OF COURT	
22. SIGNATURE OF PROSECUTOR		23. SIGNATURE OF DEFENSE		24. SIGNATURE OF JURY	
25. SIGNATURE OF COURT		26. SIGNATURE OF JURY		27. SIGNATURE OF COURT	
28. SIGNATURE OF JURY		29. SIGNATURE OF COURT		30. SIGNATURE OF JURY	
31. SIGNATURE OF COURT		32. SIGNATURE OF JURY		33. SIGNATURE OF COURT	
34. SIGNATURE OF JURY		35. SIGNATURE OF COURT		36. SIGNATURE OF JURY	
37. SIGNATURE OF COURT		38. SIGNATURE OF JURY		39. SIGNATURE OF COURT	
40. SIGNATURE OF JURY		41. SIGNATURE OF COURT		42. SIGNATURE OF JURY	
43. SIGNATURE OF COURT		44. SIGNATURE OF JURY		45. SIGNATURE OF COURT	
46. SIGNATURE OF JURY		47. SIGNATURE OF COURT		48. SIGNATURE OF JURY	
49. SIGNATURE OF COURT		50. SIGNATURE OF JURY		51. SIGNATURE OF COURT	
52. SIGNATURE OF JURY		53. SIGNATURE OF COURT		54. SIGNATURE OF JURY	
55. SIGNATURE OF COURT		56. SIGNATURE OF JURY		57. SIGNATURE OF COURT	
58. SIGNATURE OF JURY		59. SIGNATURE OF COURT		60. SIGNATURE OF JURY	
61. SIGNATURE OF COURT		62. SIGNATURE OF JURY		63. SIGNATURE OF COURT	
64. SIGNATURE OF JURY		65. SIGNATURE OF COURT		66. SIGNATURE OF JURY	
67. SIGNATURE OF COURT		68. SIGNATURE OF JURY		69. SIGNATURE OF COURT	
70. SIGNATURE OF JURY		71. SIGNATURE OF COURT		72. SIGNATURE OF JURY	
73. SIGNATURE OF COURT		74. SIGNATURE OF JURY		75. SIGNATURE OF COURT	
76. SIGNATURE OF JURY		77. SIGNATURE OF COURT		78. SIGNATURE OF JURY	
79. SIGNATURE OF COURT		80. SIGNATURE OF JURY		81. SIGNATURE OF COURT	
82. SIGNATURE OF JURY		83. SIGNATURE OF COURT		84. SIGNATURE OF JURY	
85. SIGNATURE OF COURT		86. SIGNATURE OF JURY		87. SIGNATURE OF COURT	
88. SIGNATURE OF JURY		89. SIGNATURE OF COURT		90. SIGNATURE OF JURY	
91. SIGNATURE OF COURT		92. SIGNATURE OF JURY		93. SIGNATURE OF COURT	
94. SIGNATURE OF JURY		95. SIGNATURE OF COURT		96. SIGNATURE OF JURY	
97. SIGNATURE OF COURT		98. SIGNATURE OF JURY		99. SIGNATURE OF COURT	
100. SIGNATURE OF JURY		101. SIGNATURE OF COURT		102. SIGNATURE OF JURY	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4438**D-120
52-158189
BIRTH NO. **4438**

1. NAME OF DECEASED (Type or Print) Julia Davis			2. DATE OF DEATH May 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 17-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 10 yrs.			D. STREET ADDRESS (If rural, give location) 582 St. Marys Street-1		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1927		9. AGE (In years last birthday) 24
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N. C.	
13. FATHER'S NAME Hezekiah McNair			14. MOTHER'S MAIDEN NAME Mary Alfred (Alford)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive cardio-vascular disease in failure			CAUSE OF DEATH (A) Azotemia DUE TO (B) Glomerulonephritis chronic DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH Months years
19A. DATE OF OPERATION 5-6-52		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10 , 19 52 , to 5-6 , 19 52 , that I last saw the deceased alive on 5-6 , 19 52 , and that death occurred at 10:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas. D. Dwyer</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) 5-10-52		24B. DATE 5-10-52		24C. NAME OF CEMETERY OR CREMATORY Ms. Auburn	
24D. LOCATION (City, town, or county) (State) Balts & Co.		25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home 1631			
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4439BIRTH NO. 52-14326

1. NAME OF DECEASED (Type or Print) GLADYS WYNN			2. DATE OF DEATH May 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1908 Penrose Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Apr 12, 52	9. AGE (In years last birthday) 23	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Wynn			14. MOTHER'S MAIDEN NAME Gladys Wynn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Record ADDRESS		

18. **763.0** I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Bronchopneumonia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Booth	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED May 8, 1952
----------------------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/10/52	24C. NAME OF CEMETERY OR CREMATORY St. Calvary Cem. A. & Co	24D. LOCATION (City, town, or county) (State) Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Rayner Sanders	ADDRESS 217 E. Preston St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4440**BIRTH NO. **52 4440**

1. NAME OF DECEASED (Type or Print) JOHN SCOTT			2. DATE OF DEATH May 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 24 Yrs.			D. STREET ADDRESS (If rural, give location) 117 Bishop Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March-19-1893	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffuer		10B. KIND OF BUSINESS OR INDUSTRY Building Suply Co	11. BIRTHPLACE (State or foreign country) South Hampton Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Merritt Scott			14. MOTHER'S MAIDEN NAME Delia Scott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT N.E. ADDRESS Elsie Scott 510 59th Washington D.C.		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Scott</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 6, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/10/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.					

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Thayer O. Wilson</i>	ADDRESS <i>1000 Beauty ave</i>
--------------------------------------------------------	-----------------------------------------------------	-------------------------------------------------	-----------------------------------

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRECISELY WITH UNFADING INK. Every item of information should be carefully checked. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4441

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Catherine Cooney

2. DATE OF DEATH

5/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1006 Leeds Ave

5300

c. Length of stay in Baltimore

Life Time

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

7-15-1885

9. AGE (in years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

AT Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Mayer

14. MOTHER'S MAIDEN NAME

Anna Nagh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

CHARLOTTE B. Mayer

ADDRESS

1008 Leeds Ave

18. 216x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Partial obstruction of intestine

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-8-52

19B. MAJOR FINDINGS OF OPERATION

Infected deformed cyst; secondary partial bowel obstruction

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5-9-52

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

P. O. Henry-Twin

M. D.

23B. ADDRESS

ST. Agnes Hospital

23C. DATE SIGNED

5-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/12/52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

MAY 10 1952

REGISTRAR'S SIGNATURE

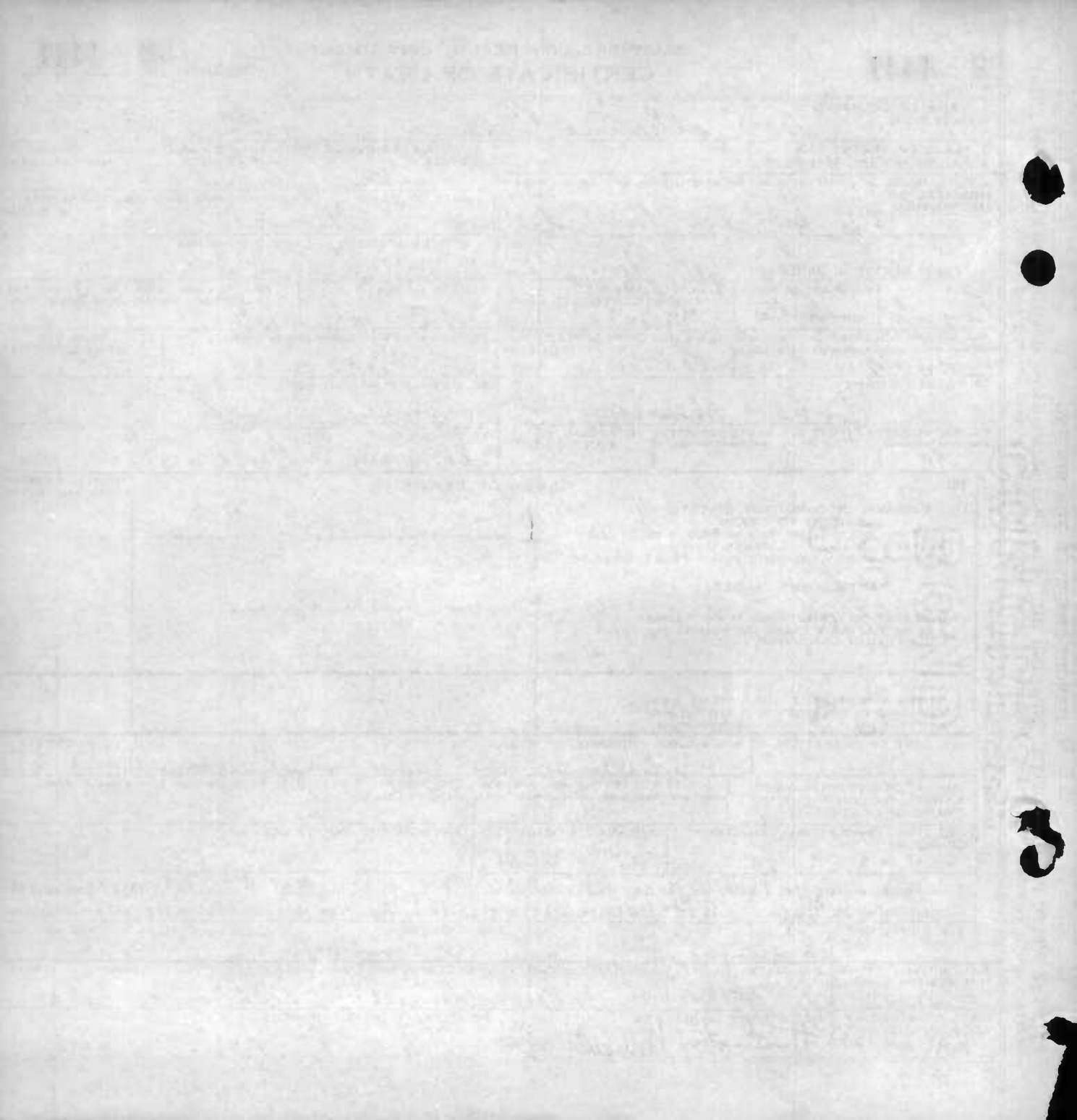
Huntington Williams

25. FUNERAL DIRECTOR

Chas. F. Evans & Son

ADDRESS

118 W MT Royal Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4442

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Louise E. Fieber			2. DATE OF DEATH 5-9-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE _____ B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 306 S. Macon Street			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore, Md.		
c. Length of stay in Baltimore 70 yrs			D. STREET ADDRESS (If rural, give location) 306 S. Macon Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH 5-16-71		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fred. Schmautz			14. MOTHER'S MAIDEN NAME ? Knorpp		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Ida Patten daughter		
			ADDRESS same		

18. 420.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) arterio Sclerotic Heart Disease	?	
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-2-1952** to **5-9-1952** that I last saw the deceased alive on **5-8-1952** and that death occurred at **11:15 AM**, from the causes and on the date stated above.

23A. SIGNATURE H. Q. Davidson	23B. ADDRESS 3218 Eastern ave	23C. DATE SIGNED 5-9-52
-----------------------------------------	-----------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-12-52	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Balto., Md.
------------------------------------------------------------	-----------------------------	-------------------------------------------------------	---------------------------------------------------------------------

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.	ADDRESS 403 S. Wolfe Street
--------------------------------------------------------	-----------------------------------------------------	---------------------------------------------------------	---------------------------------------

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

321826h a

52 4443

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4443

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Carroll Wilson

2. DATE

OF DEATH May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE US PHS Hospital
Baltimore 11, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Queen AnneC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
CentervilleD. STREET ADDRESS (If rural, give location)
6700

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2, 1886

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Bus Driver

10B. KIND OF BUSINESS OR INDUSTRY

State

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Marion D. Wilson

14. MOTHER'S MAIDEN NAME

Josephine Draper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Balto., Md.

18. 421.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Ventricular rhythm disturbance

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Less than 20 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Calcific mitral stenosis

DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John S. Benson

23B. ADDRESS

US PHS Hospital, Balto., Md.

23C. DATE SIGNED

5-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 12 1952

24C. NAME OF CEMETERY OR CREMATORY

Chesterfield

24D. LOCATION (City, town, or county)

Centerville Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J.V. Moore & Son Denton Md

ADDRESS

VS 150

625-92

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Undertaker		Signature of Burial Officer	
Signature of Funeral Home		Signature of Cemetery	
Signature of Church		Signature of Burial Society	
Signature of Family		Signature of Friends	
Signature of Neighbors		Signature of Community	
Signature of State		Signature of Nation	

F-652
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4444

EARNEST
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4444
Registered No. _____

BIRTH NO. 52-04831

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Earnest</i>			2. DATE OF DEATH <i>4/25/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balt more</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Essex #21</i>		
C. Length of stay in Baltimore <i>2</i>			D. STREET ADDRESS (If rural, give location) <i>22 Crafton Rd. 5200</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>2/27/52</i>		9. AGE (In years last birthday) <i>21</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Earnest</i>			14. MOTHER'S MAIDEN NAME <i>Helen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>mother</i>		
			ADDRESS <i>same</i>		

18. <i>751X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Pneumonia</i> DUE TO (B) <i>Meningo-Myelocoele, infected</i> DUE TO (C) <i>and cerebral defects</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>2 mos</i>
19A. DATE OF OPERATION <i>4/24/52</i>	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>3/1</i> , 19 <i>52</i> , to <i>4/25</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4/24</i> , 19 <i>52</i> , and that death occurred at <i>2:45</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Hester K. Borten</i> M. D.		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>4/25/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>MAY 9 1952</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>

52

4445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52

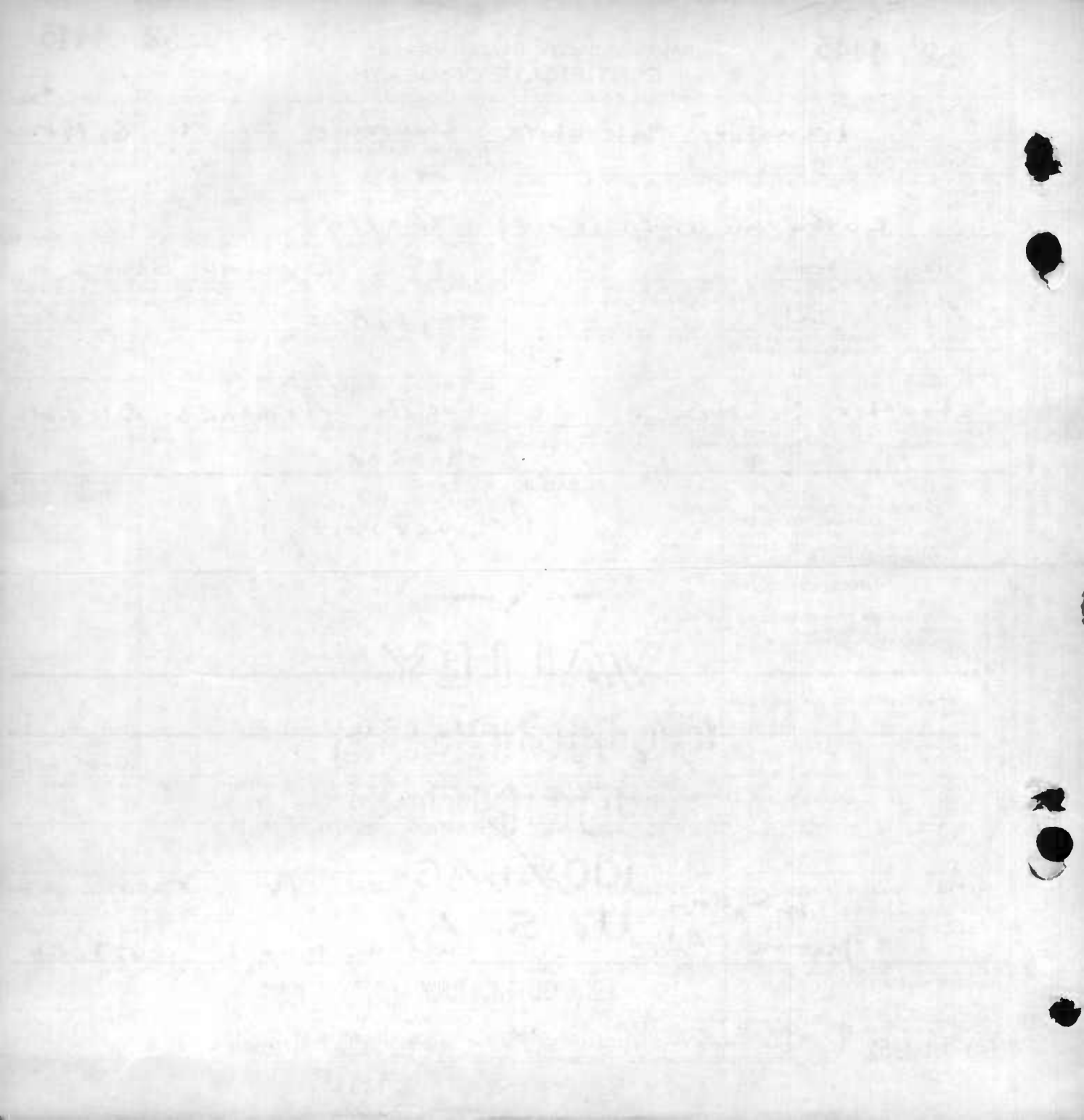
4445

Registered No.

BIRTH NO.

52-10271

1. NAME OF DECEASED (Type or Print) Premature Male child Lawrence			2. DATE OF DEATH May 6, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION 46 Lutheran Hosp. of Md			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Essex		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 49 C Byway South		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH May 6, 1952	9. AGE (in years last birthday) 0	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min. 2 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country)	
13. FATHER'S NAME Stoutter & Lawrence			14. MOTHER'S MAIDEN NAME Lucille Armanda Blevins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mother	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/6 19 52 to 5/6 19 52 , that I last saw the deceased alive on 12th pm. and that death occurred at 12th pm. , from the causes and on the date stated above.					
23a. SIGNATURE Jerome Plut		23b. ADDRESS Lutheran Hosp of Md.		23c. DATE SIGNED 5/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24d. LOCATION (City, town, or county) (State)		24e. DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1952		24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24g. DATE RECEIVED BY LOCAL REGISTRAR		24h. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Commissioner of Health	



15-324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4446

BIRTH NO. 52 4446
5-1-100071. NAME OF DECEASED
(Type or Print)

Joseph Battaglia

2. DATE
OF
DEATH

5-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

1912 Eutan Place #17

c. Length of stay in Baltimore

1

Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

4-30-52

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dominic Battaglia

14. MOTHER'S MAIDEN NAME

Catherine Battaglia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Battaglia 1912 Eutan Place

18.

762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Prematurity

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-30, 1952 to 5-1, 1952 that I last saw the deceased alive on 5-1, 1952, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Farfel

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 5 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1945

1945

CERTIFICATE OF DEATH

1945

RECORDED



52 4447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4447

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY T. WALZAK

2. DATE
OF
DEATH

Apr 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution: residence
A. STATE B. COUNTY before admission)

U

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
K township)

D. STREET ADDRESS (If rural, give location)

N

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OF RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

W
N9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Fatty Liver
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Apr. 20, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

MAY 11 1952
V S 151

UNIVERSITY MEDICAL SCHOOL MAY 9 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Arthur I. Walcott

Geology

W. M. F. 111 3

Geology of the
Rocky Mountains
and the
Adirondacks
by
Arthur I. Walcott

Chicago
The University of Chicago Press
1907

B-150

52 4448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 4448
BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN BLUM			2. DATE OF DEATH May 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3915 Forest Park Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-09		
c. Length of stay in Baltimore 40 years Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3915 Forest Park Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan, 10, 1885	9. AGE (In years last birthday) 67	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Food Merchant		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Isidore Nathan Blum			14. MOTHER'S MAIDEN NAME Hannah ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mr. Abraham Blum			ADDRESS 3203 Fallstaff Road		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO Coronary Thrombosis	CAUSE OF DEATH Myocardial infarction Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1st, 1952 to May 9, 1952 , that I last saw the deceased alive on May 9, 1952 and that death occurred at 12 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Benjamin Kader		23B. ADDRESS 2306 Eutaw Pl		23C. DATE SIGNED 5-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 11, 1952		24C. NAME OF CEMETERY OR CREMATORY Har Zion, Rosedale	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		24E. FUNERAL DIRECTOR Sh. Levinson & Bros. 1124 W. North Ave.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

VS 150

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-352

52 4449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4449

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Edward Lee Biddinger

2. DATE
OF
DEATHMay 8th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Balto. General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

509 Oakland Ave

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 22 1896

9. AGE (in years
last birthday)

55

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work denoting most of working life, even if retired)

Dir Supt.

10B. KIND OF BUSINESS OR
INDUSTRY

General Electric

11. BIRTHPLACE (State or foreign country)

Brooklyn NY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Leri Biddinger

14. MOTHER'S MAIDEN NAME

Augusta Folk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-05-5323

17. INFORMANT

ADDRESS

Mrs Beatrice Biddinger Same

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

Atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

8 yrs.

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1949, to May 8, 1952, that I last saw the
deceased alive on May 7, 1952, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Carl A. Benson, M.D.

23B. ADDRESS

5111 York Rd.

23C. DATE SIGNED

May 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 12/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. Jenkins & Sons Co 4905 York Rd

ADDRESS

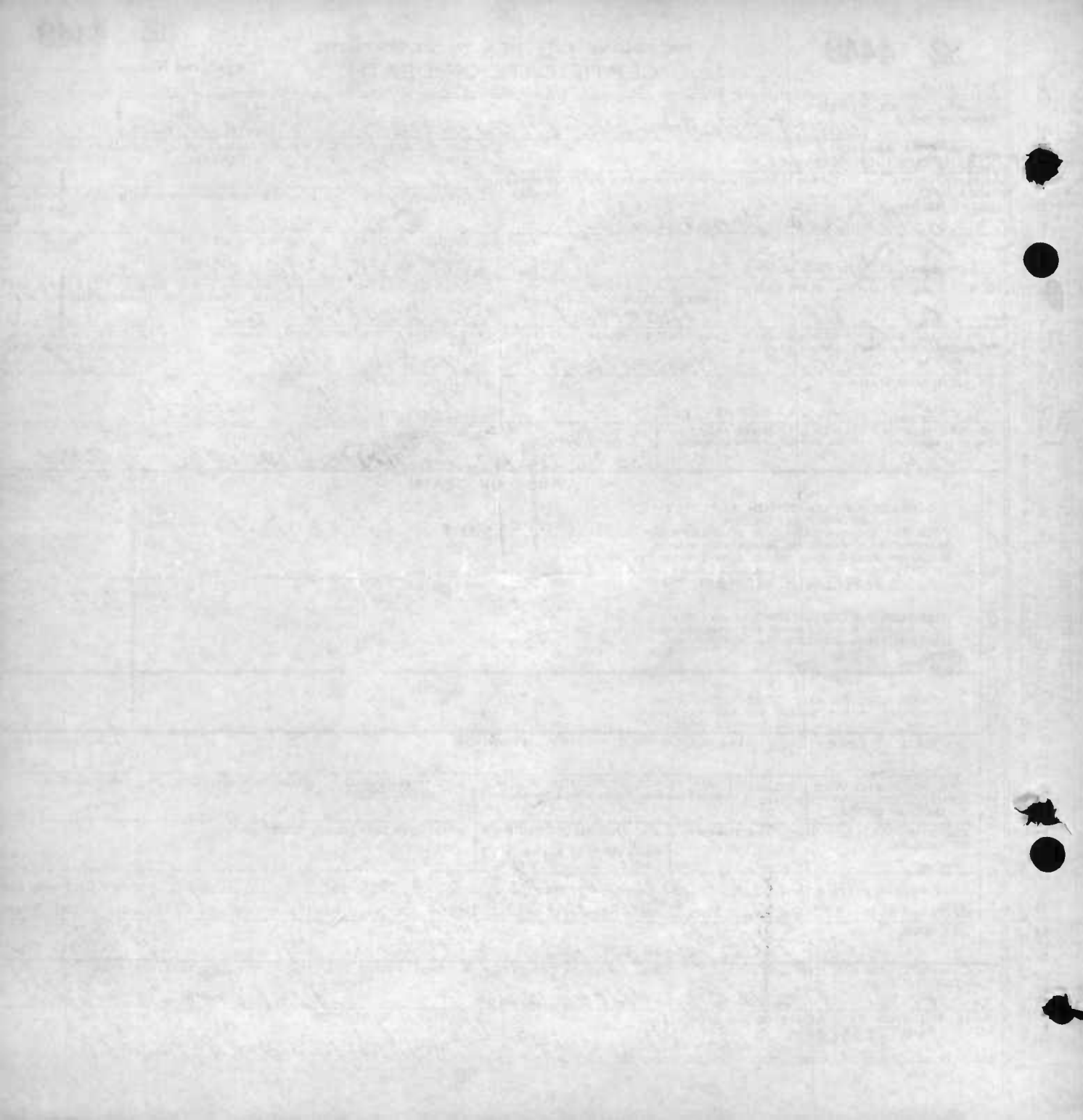
VS 150

29084

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



F. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4450

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) RUBY I EBY			2. DATE OF DEATH May 9 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY Ind C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10 D. STREET ADDRESS (If rural, give location) 704 Springfield Ave						
B. FULL NAME OF HOSPITAL OR INSTITUTION 704 Springfield Ave			c. Length of stay in Baltimore Life Life			Yrs. Mos. Days			
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 3 1892		9. AGE (in years last birthday) 59	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Ind			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Waeter B Thompson				14. MOTHER'S MAIDEN NAME Lda May King					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -		17. INFORMANT Mr William H Eby		ADDRESS Same			
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) metastatic Carcinoma - Lungs. DUE TO (A) Carcinoma of Left Breast ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Carcinoma of Left Breast (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION Jan 30th 1952			19B. MAJOR FINDINGS OF OPERATION Carcinoma of Breast			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 1 , 19 52 , to May 9 , 19 52 , that I last saw the deceased alive on May 9 , 19 52 and that death occurred at 7:15 P.m., from the causes and on the date stated above.									
23A. SIGNATURE Wes E. Carr			23B. ADDRESS 6007 York Rd			23C. DATE SIGNED 5/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 13 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore Md			
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1952			REGISTRAR'S SIGNATURE Huntington Williams			25. FUNERAL DIRECTOR W. H. Jenkins ADDRESS 4905 York Rd			

Dr. Charles E. Canby.
6007 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4451		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 4451 Registered No.	
BIRTH NO.				1. NAME OF DECEASED (Type or Print)	
Ernest W. Gibbons				2. DATE OF DEATH May 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kenesaw Rest Home 2601 Roslyn Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
c. Length of stay in Baltimore 60 years				D. STREET ADDRESS (If rural, give location) 407 Calvin Avenue	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Iron Foundry		10B. KIND OF BUSINESS OR INDUSTRY Retired 30 yrs.		8. DATE OF BIRTH April 9, 1868	
13. FATHER'S NAME Isaac Gibbons		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		9. AGE (In years last birthday) 84	
16. SOCIAL SECURITY NO. 213-12-0047		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
14. MOTHER'S MAIDEN NAME Priscella Parsons		17. INFORMANT Mrs. Ida May G. Monk		ADDRESS 4107 Lowell Drive	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Cardiac Dilatation 20 yrs. DUE TO Arteriosclerotic C-V. Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1950 to May 8, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 7:15 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Edward H. Hamman M. D.		23B. ADDRESS 4057 Falls Rd.		23C. DATE SIGNED 5/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 12, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Olive	
24D. LOCATION (City, town, or county) (State) Randallstown, Maryland		25. FUNERAL DIRECTOR Burgee Funeral Home		3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS Horace F. Burgee	

DECLASSIFICATION AUTHORITY

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

100-5

13-400

CERTIFICATE CORRECTED 5-16-52

52 4452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4452

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W. Buell

2. DATE
OF
DEATH

May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

US PHS Hospital

Baltimore, Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

703 Bay Street

c. Length of stay in Baltimore

--

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1900

9. AGE (In years
last birthday)

March 15, 1898

If Under 1 Year
Months: Days

(54) 52

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Franklin Buell

14. MOTHER'S MAIDEN NAME

Ida Ash

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL
SECURITY NO.

212-09-7948

17. INFORMANT

ADDRESS

Records - USPHS Hospital, Baltimore, Md.

18. 541.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Perforated duodenal ulcer with

DUE TO

Approximately
2 weeks

ANTECEDENT CAUSES

(B) peritonitis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1952, to May 9, 1952, that I last saw the
deceased alive on May 9, 1952, and that death occurred at 2:00 A. M., from the causes and on the date stated above.

23. SIGNATURE

Harold J. Dodge

M. D.

23b. ADDRESS

US PHS Hospital, Balto., Md.

23c. DATE SIGNED

5-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1952

Huntington Williams

Austin E. Donovan

3818 Roland Ave

VS 150

763 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

SPN

SPN

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

SPN



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D.O.A.
D-512 acc 52 4453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4453
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>Edwin Dempsey</i>		
2. DATE OF DEATH <i>May 8, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>513 N. Wilton Rd. 5300</i>		
E. LENGTH OF STAY IN BALTIMORE <i>Life?</i>		
F. SEX <i>male</i>		
G. COLOR OR RACE <i>white</i>		
H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		
I. DATE OF BIRTH <i>Mar 18 1896</i>		
J. AGE (In years last birthday) <i>56</i>		
K. UNDER 1 Year Months Days		
L. UNDER 24 Hours Hours Min.		
M. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Executive Director Nat Television</i>		
N. KIND OF BUSINESS OR INDUSTRY		
O. BIRTH PLACE (State or foreign country) <i>Baltimore</i>		
P. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
Q. FATHER'S NAME <i>Wm Dempsey</i>		
R. MOTHER'S MAIDEN NAME <i>Mary Kane</i>		
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If Yes, give year for dates of service) <i>yes</i>		
T. SOCIAL SECURITY NO. <i>215-10-0936</i>		
U. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

V. 420.1	
CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	
(A) <i>Probable coronary thrombosis</i>	
DUE TO <i>(Dead on arrival)</i>	
B. ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B) DUE TO	
(C) DUE TO	

II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 19 <i>May 8</i> , 1952 that I last saw the deceased alive on <i>May 8</i> , 19 <i>May 8</i> , and that death occurred at <i>6:30</i> p.m., from the causes and on the date stated above.	
23A. SIGNATURE <i>Joseph D. B. King</i>	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>5/9/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>May 12 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Baers, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 11 1952</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>W. J. Jenkins, 1800 4905 York Rd</i>	
ADDRESS	

O. K. 13y Dr. Lovett, Med. Exam

STATE OF CALIFORNIA

CERTIFICATE OF DEATH

1908

County of San Diego
City and Town of San Diego
I, Dr. Lovett, Medical Examiner,
do hereby certify that on the 13th day of July, 1908,
at San Diego, California,
the body of John J. Smith,
aged 35 years,
sex Male,
race White,
height 5 ft 8 in,
weight 160 lbs,
was found dead,
and that the cause of death was Heart Disease,
namely Coronary Arteriosclerosis,
and that the death was not due to any
injury or violence.

CAUSE OF DEATH

John J. Smith
San Diego, Cal.
July 13, 1908

LOCALITY OF DEATH

DEATH OF DEPENDENT

DEATH OF DEPENDENT

DEATH OF DEPENDENT

DEATH OF DEPENDENT

DEATH OF DEPENDENT

DEATH OF DEPENDENT

Signature

John J. Smith

DEATH OF DEPENDENT

1234

56

1234

56

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KATIE LABA

2. DATE
OF
DEATH

5-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1918 East Eager St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22-01

D. STREET ADDRESS (If rural, give location)

801 So. Hanover St

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years last birthday)

65

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Isaac Laba - Home

18. 155x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis

3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Liver

Jan. 1952

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/19/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1952, to 5/10, 1952, that I last saw the deceased alive on 5/10, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Jentley

23B. ADDRESS

M. D. 2329 Eutan Rd

23C. DATE SIGNED

5/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-11-52

24C. NAME OF CEMETERY OR CREMATORY

Herring Hill

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Jentley 2100 Eutan Rd

ADDRESS

MAY 11 1952

VS 150

Handwritten notes in the upper left quadrant, possibly including the word "copy" and some illegible scribbles.



52 4456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4456
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

L. LARUE

JAUTER

2. DATE
OF
DEATH

MAY 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

MD

B. COUNTY

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 7 5300

D. STREET ADDRESS (If rural, give location)

WRIGHTS MILE ROAD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

10

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

7-30-1896

9. AGE (In years
last birthday)

35

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Mullerix

14. MOTHER'S MAIDEN NAME

AMELIA DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Roberta

ADDRESS

Kabler, -SAME

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardiovascular
Disease

DUE TO

1 Year?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

3-4 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypothyroidism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/52, 19, to 5/11/52, 19, that I last saw the
deceased alive on 5/10/52, 19, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Mosser

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1952

Huntington Williams

M.C. Higinbotham, ELKOTT CITY Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2004

92

2004

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

11/11/04

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-16-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4457

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John M. Sterrett

2. DATE
OF
DEATH

May 10 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Washington D.C.

D. STREET ADDRESS (If rural, give location)

417 1/2 11th St. N.W.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-28-1892

9. AGE (in years last birthday)

60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk Census Bur.

10B. KIND OF BUSINESS OR INDUSTRY

Retired U.S. Gov.

11. BIRTHPLACE (State or foreign country)

Taylorville, Ill.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John M. Sterrett

14. MOTHER'S MAIDEN NAME

Lucy V. Walter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary A. Haley, Sister, 118 N. 3rd St.

18. *331X*

CAUSE OF DEATH

Loisanna, Mo.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebrovascular accident -*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Alcoholic intoxication*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *May 10, 1952*, to *May 10, 1952*, that I last saw the deceased alive on *May 10, 1952* and that death occurred at *5:40 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Jui Lin

M.D. 2nd General Hosp.

May 10 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

5-13-52

Cedar Hill

Quintland Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

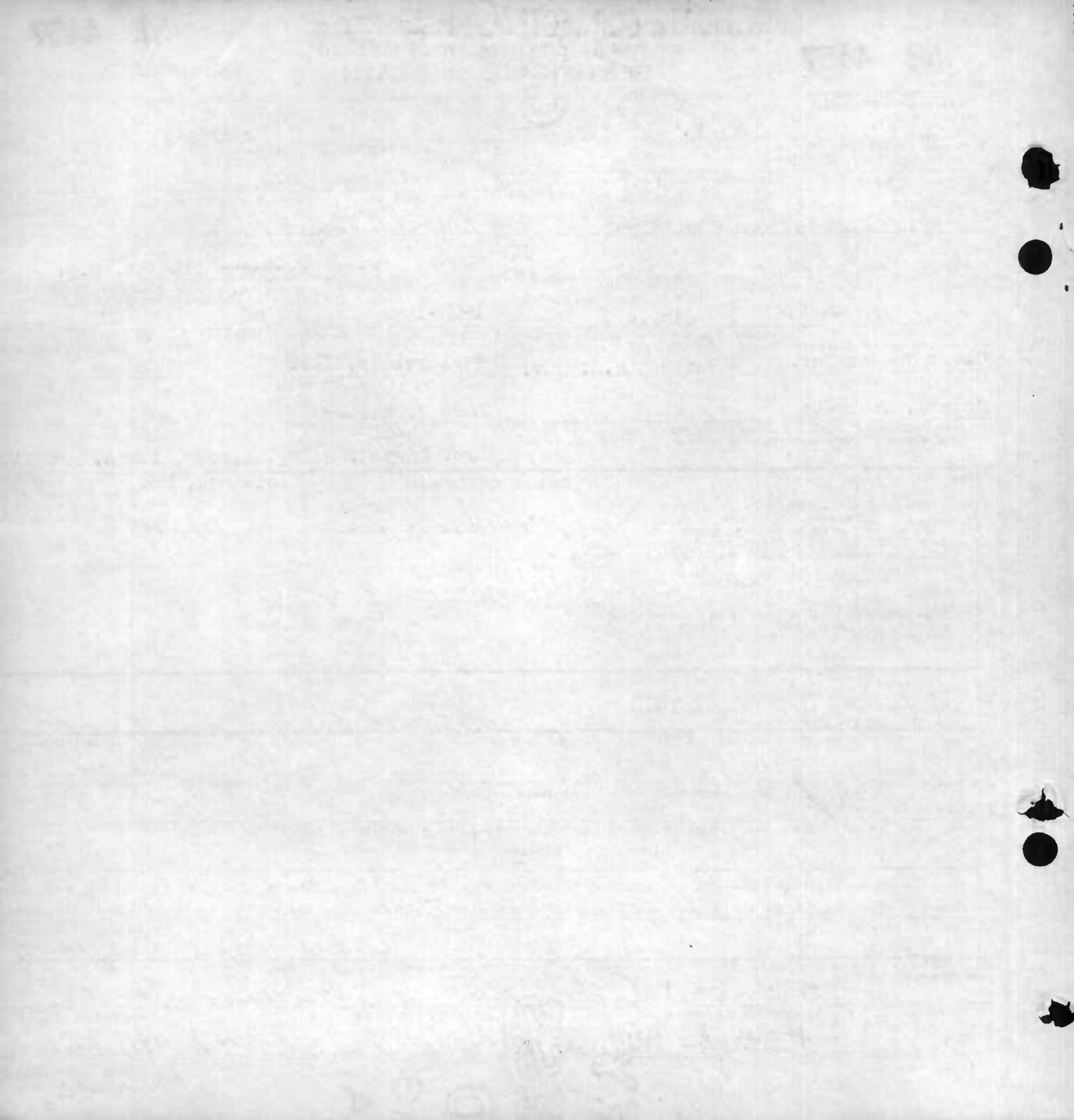
MAY 11 1952

Huntington Williams, 4812 Seaside Ave

VS 150

390 91

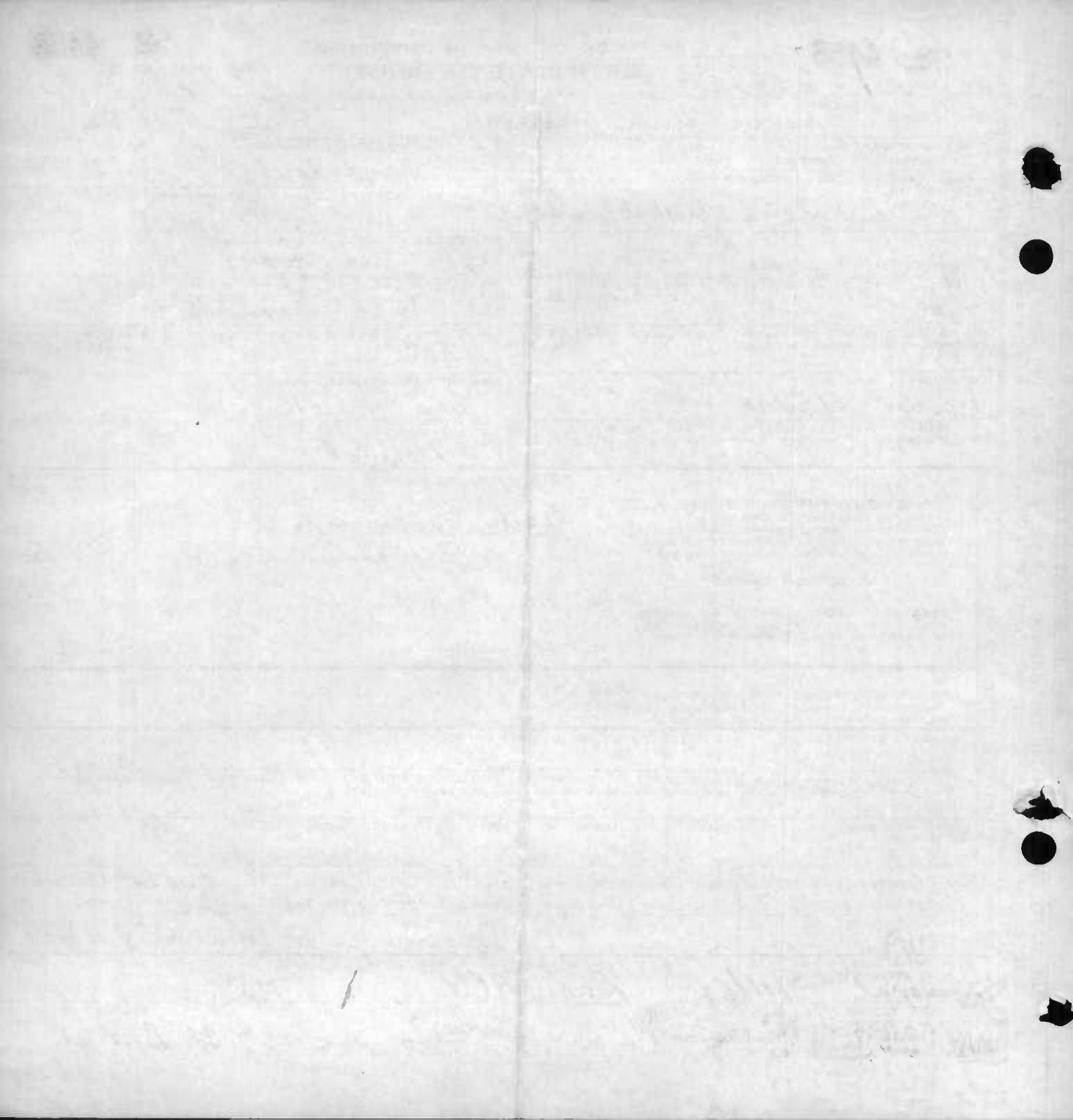
Wash DC, Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				52 4458			
BIRTH NO. 52-24065				Registered No. 52 4458			
1. NAME OF DECEASED (Type or Print) <i>Monroe Alvin Thacker</i>				2. DATE OF DEATH <i>5.10.52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>14-01</i>			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>1614 Bolton St. #17</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH <i>Oct 12</i>		9. AGE (in years last birthday) <i>7 months</i>	II Under 1 Year Months Days II Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Monroe Thacker</i>			14. MOTHER'S MAIDEN NAME <i>Lura Riddle</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Hospital</i> ✓				
18. <i>571.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute gastro-enteritis</i> DUE TO <i>severe dehydration</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>5.10.52</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-10</i> , 19 <i>52</i> to <i>5.10</i> , 19 <i>52</i> that I last saw the deceased alive on <i>5.10</i> , 19 <i>52</i> , and that death occurred at <i>1:50 P. m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Sze-jui Lin</i>				23B. ADDRESS M. D. <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>5.10.52</i>	
24A. BURIAL CREMA- TION REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>5/11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Burnerille</i>		24D. LOCATION (City, town, or county) (State) <i>M.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Cook Inc. 1217 St. Paul St.</i>		ADDRESS	



M-640

52 4459

52 4459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

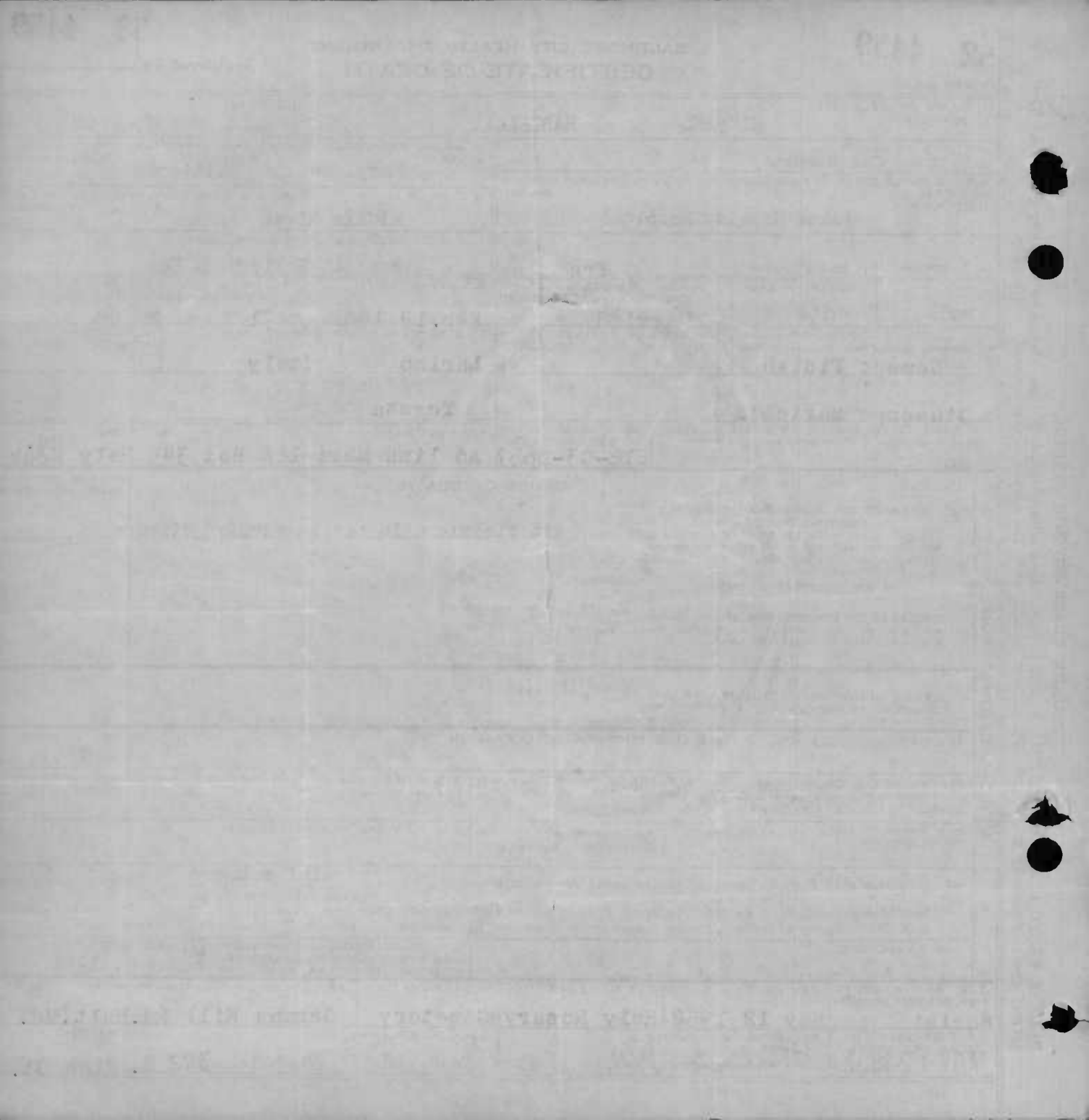
BIRTH NO.		1. NAME OF DECEASED (Type or Print) MICHAEL MARIELLA		2. DATE OF DEATH May 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River			
C. Length of stay in Baltimore 65 Yrs		D. STREET ADDRESS (If rural, give location) Box 345-Holly Neck Road			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19 1881	9. AGE (In years last birthday) 71	10. If Under 1 Year Months: Days 2 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finish		10B. KIND OF BUSINESS OR INDUSTRY Const.		11. BIRTHPLACE (State or foreign country) Larino Italy	
13. FATHER'S NAME Giuseppe Mariella		14. MOTHER'S MAIDEN NAME Teressa			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-03-0657		17. INFORMANT ADDRESS Adelina Mariella Box 345 Holy Neck Rd.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO (B) _____ DUE TO (C) _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Duncanson		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 9, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 12 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	
24D. LOCATION (City, town, or county) German Hill Rd. Balt. Md.		24E. FUNERAL DIRECTOR Frank Della Rose		24F. ADDRESS 322 S. High St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 322 S. High St.	

VS 151

511 24

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



650
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4460
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. BROWN

2. DATE
OF
DEATH

May 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

38 Annerity Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-01

D. STREET ADDRESS (If rural, give location)

506 No. Euter St.

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 11, 1892

9. AGE (In years,
last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chief

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

218-07-8154

17. INFORMANT

ADDRESS

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) subarachnoid hemorrhage indefinite

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) cerebral arteriosclerosis indefinite

DUE TO

(C) —

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary emphysema indefinite

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1952, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Waugh

23B. ADDRESS

Annerity Hosp.

23C. DATE SIGNED

May 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/12/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1952

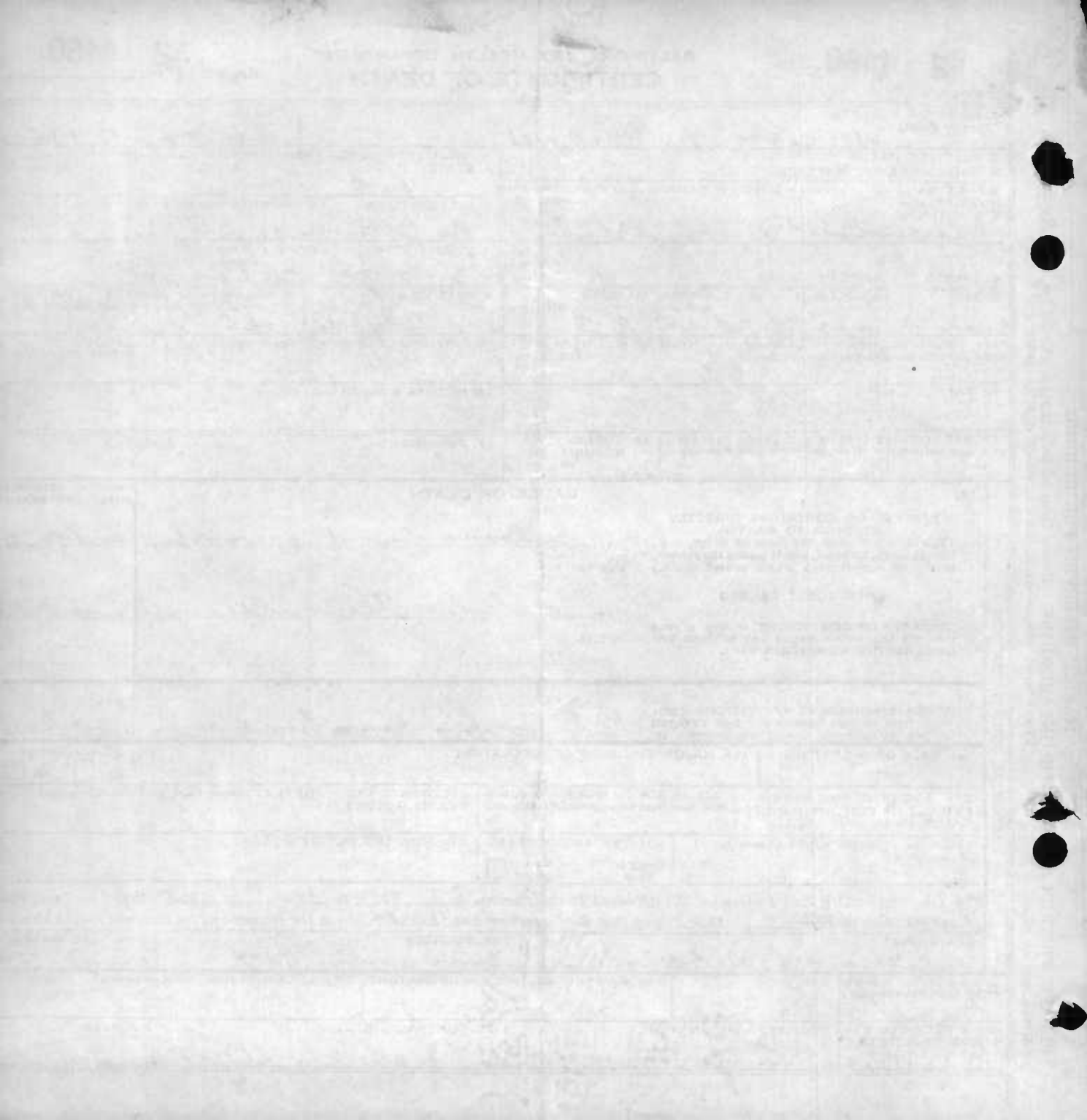
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS



P-620 Med. Exam. Case Released to Hospital

52 4461 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 52 4461 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Price

2. DATE OF DEATH May 9, 1952

3. PLACE OF DEATH (a) Baltimore City, Maryland (b) Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION 33

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02

7. STREET ADDRESS (If rural, give location) 826 Ashland Court

8. Length of stay in Baltimore 35 Yrs. Days

9. SEX Female

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

12. DATE OF BIRTH Dec. 8, 1870

13. AGE (In years last birthday) 81

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Md.

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME William Cook

21. MOTHER'S MAIDEN NAME Emily Wright

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS JOHN'S HOPKINS HOSPITAL

25. 18. 331X and E903.7 CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. 19. DATE OF OPERATION 20. MAJOR FINDINGS OF OPERATION

31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

32. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) nursing home

33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3520 N. Hilton Rd.

34. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 6, 1952 1 m.

35. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

36. 21F. HOW DID INJURY OCCUR? Accidental Fall in Bathroom

37. 22. I hereby certify that I attended the deceased from 5-6, 1952, to 5-9, 1952, that I last saw the deceased alive on 5-9, 1952, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

38. 23A. SIGNATURE Leighton E. Cluff M. D.

39. 23B. ADDRESS JOHN'S HOPKINS HOSPITAL

40. 23C. DATE SIGNED 5-9-52

41. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

42. 24B. DATE May 12, 1952

43. 24C. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

44. 24D. LOCATION (City, town, or county) (State) Cambridge, Md.

45. DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952

46. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

47. FUNERAL DIRECTOR John D. Mitchell

48. ADDRESS 1900 Eutaw Place

VS 150

N 821.0 To Be approved by Med. Exam.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 4462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4462
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CUMMINGS ANNIE

2. DATE
OF
DEATH

5-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2001 Wethersville Rd

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-27-94

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

8 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Prince George Co. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo Taylor

Va.

14. MOTHER'S MAIDEN NAME

Willie Anna Dillard Va

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

4082

ADDRESS

Nora Dutton Powell Phila Pa

18. 092X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coma

DUE TO

ANTECEDENT CAUSES

(B)

Acute Liver Inflammation

DUE TO

(C)

Acute Infectious Hepatitis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-1952 to 5-9-1952, that I last saw the deceased alive on 5-9-1952, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harris J. Byers

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

5-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/13/52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 12 1952

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

WILLIAM A. JACKSON, 916 PENNA-AVE.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

14-00000

INVESTIGATION OF THE

GENERAL INVESTIGATION

14-00000

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

52 4463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JONES

ANDERSON

2. DATE
OF
DEATH May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

12. Yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1917. Ruxton. Ave.

15-04

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

5.14. 1916.

9. AGE (In years
last birthday)

36.

If Under 1 Year

Months: Days: Hours: Min.

1 26

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist.

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Alabama.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown.

14. MOTHER'S MAIDEN NAME

Elnora ? Ala.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

Unknown.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Jones. 1917. Ruxton. Ave.

18. E 981x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wounds of chest with hemothorax

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1415 W. Lanvale Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 10, 1952 5:00 A. m.

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

SHIPPED

24B. DATE

5/14/52

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cem.

24D. LOCATION (City, town, or county)

Midway, ALABAMA.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William G. Jackson 916 ADDRESS

VS 151

N 862.4

54499

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly.
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 4464
G-327 REA-75162BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4464
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Perlie Getchell

2. DATE
OF
DEATH

May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

C. Length of stay in Baltimore

22 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

July 26, 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jonathan Getchell

14. MOTHER'S MAIDEN NAME

Rachel Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Large Myocardial infarction Posterior

2 or 3 Months

ANTECEDENT CAUSES

(B) DUE TO

Coronary Artery Sclerosis

several yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 7-6, 1942, to 5-8, 1952, that I last saw the deceased alive on 5-8, 1952 and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. B. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

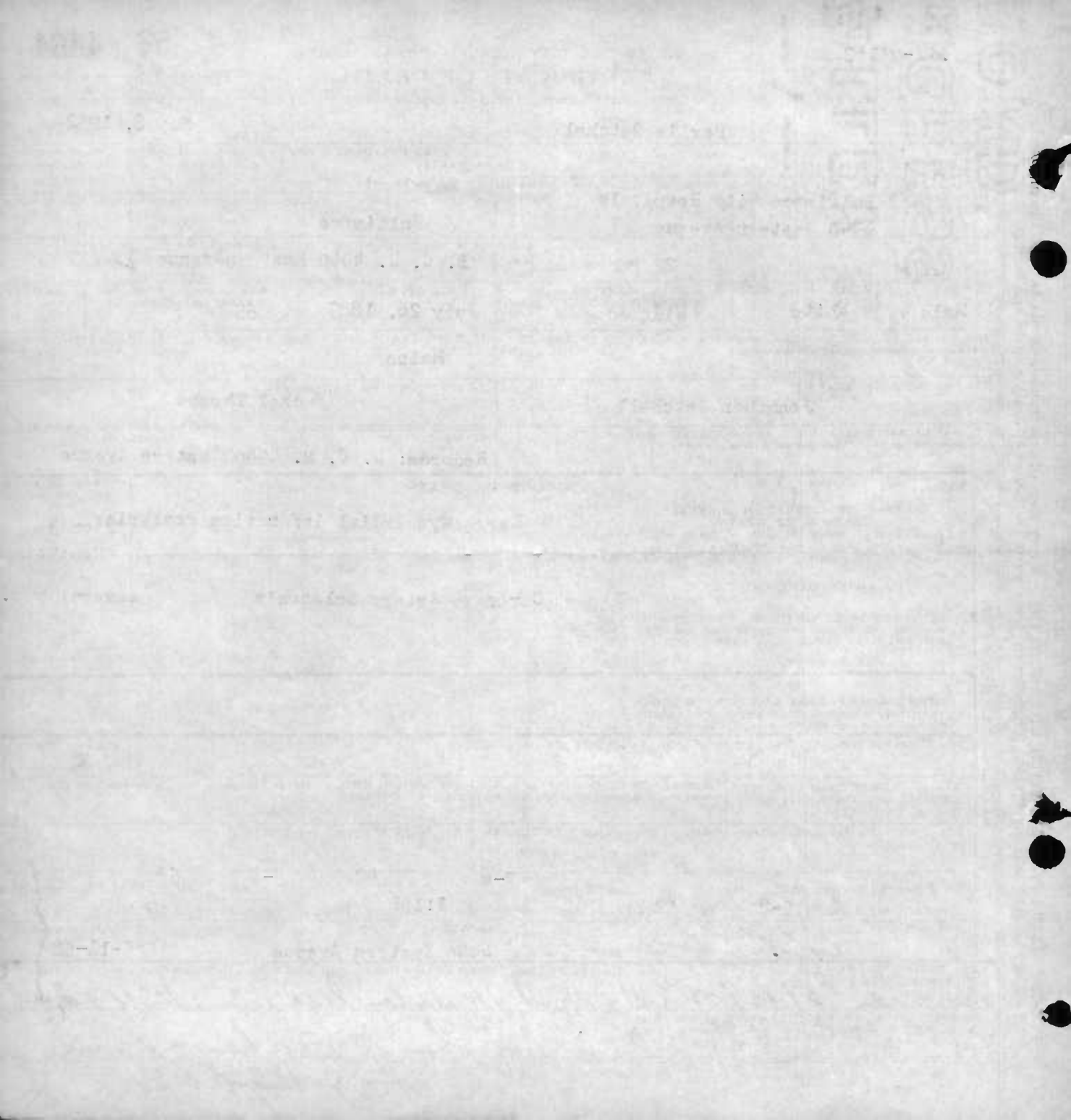
ADDRESS

MAY 12 1952

Huntington Williams

John J. Fahey & Sons

1318 Light St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully submitted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400
52 4465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4465
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cole Earl Thomas Cole

2. DATE
OF
DEATH

5-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore County

D. STREET ADDRESS (If rural, give location)

Dark Hollow Rd. P.C. Upperco

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/12/1935

9. AGE (In years last birthday)

16

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter with Father

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Cole

CONFIDENTIAL

14. MOTHER'S MAIDEN NAME

Pearl Mae Fishbaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-32-8554

17. INFORMANT

ADDRESS

Joseph Cole - above address

18. E822.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

Retrospectively Hemorrhage
Contusion of Liver &
Kidney

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5600 Md.
Houcksville Rd., Rt. 30 near Hampstead,

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 11, 1952 1:30 a.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in car that turned over.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Loefer

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

5-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 14-52

24C. NAME OF CEMETERY OR CREMATORY

Trenton Cem

24D. LOCATION (City, town, or county)

Baltimore Co

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J.F. Eline - Sons Reisterstown, Md.

VS 151

N 929.2

51024

DATE OF DEATH

PLACE OF DEATH

IN SECTION

CAUSE

SEX

AGE

DECEASED

REPORTED

DECEASED

REPORTED

DECEASED

REPORTED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>52 4466</u>	
BIRTH NO. <u>0-253-</u>					
1. NAME OF DECEASED (Type or Print) <u>Catherine J. Osman</u>				2. DATE OF DEATH <u>May 10-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3</u>				4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>Md.</u> B. COUNTY <u>26-03</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3116 Chesterfield Ave</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>27 yrs</u> Yrs. <u>27</u> Mos. <u>0</u> Days <u>0</u>				D. STREET ADDRESS (If rural, give location) <u>3116 Chesterfield Ave</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3-1896</u>	9. AGE (In years last birthday) <u>56</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>	
13. FATHER'S NAME <u>Thomas O'Leary</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			14. MOTHER'S MAIDEN NAME <u>Jeanne Barbier</u>		
16. SOCIAL SECURITY NO. <u>212-24-8118</u>			17. INFORMANT <u>Peter Osman</u> ADDRESS <u>Chesterfield</u>		
18. <u>153X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>adenocarcinoma of the sigmoid</u> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH <u>1950</u>					
19A. DATE OF OPERATION <u>10-20-50</u>		19B. MAJOR FINDINGS OF OPERATION <u>see 18 above</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>-</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>50</u> , to <u>May 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-8</u> , 19 <u>52</u> , and that death occurred at <u>6 A.-m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Edna Moon</u>		23B. ADDRESS <u>3105 Belair Rd</u>		23C. DATE SIGNED <u>5-12-52</u>	
24A. BURIAL CREMATATION REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 13-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md.</u>		24E. LOCATION (State) <u>Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 12 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Frank St. Seitz</u> ADDRESS <u>814 2436 St</u>	

G-640
52 4467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4467

Registered No. _____

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
S. Wilson Gorrell		May 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2305 St. Paul St.,		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Convescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 60 Years		D. STREET ADDRESS (If rural, give location) 1736 N. Gay St., 8-02	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Martland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Goreell		14. MOTHER'S MAIDEN NAME Sarak Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 217-01-0737	
17. INFORMANT Mr. S. Wilson Gorrell, Jr.		ADDRESS Forest Hill, Md.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Asthmatic Bronchitis Myocarditis Age		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/8, 1952, to 5/10, 1952, that I last saw the deceased alive on 5/9, 1952, and that death occurred at m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 1123 S Paul St	
23C. DATE SIGNED 5/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 12, 1952	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952		25. FUNERAL DIRECTOR Huntington Williams, 1123 S Paul St	
VS 150		26. ADDRESS Rich Funeral Home 2222 Orleans St.	

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

1934 82

1934 82

VALLEY
CONGRESS
BOND
MICHIGAN
CITY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-400

52 4468

CERTIFICATE CORRECTED 5/21/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4468

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William R. Galloway Sr.

2. DATE
OF
DEATH

5-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md 28-09

D. STREET ADDRESS (If rural, give location)

209 Mallow Hill Ave

c. Length of stay in Baltimore

71 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-10, 1880

9. AGE (in years last birthday)

71 yrs

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector, C. & O. R. R.

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Galloway

14. MOTHER'S MAIDEN NAME

Sussey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence M. Galloway, 209 Mallow

18. 154X

CAUSE OF DEATH

Hill Ave.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

Adenocarcinoma of rectum

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4, 1952, to 7/8, 1952, that I last saw the deceased alive on 7/8, 1952, and that death occurred at 7:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Les N. Sey, Jr.

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

5/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 12/52

24C. NAME OF CEMETERY OR CREMATORY

Landon Pk. Exeto. 29. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William W. Williams

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke, 4101

VS 150

290 50 Edn London Ave

See Document File 52-4468
5/21/52 ES

General Properties for use of the
through the use of
the following

K 346

52 4469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4469

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Alfred Kettler

2. DATE
OF
DEATH

May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

709 N. Augusta Ave.

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 17, 1907

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Bankert Hudson

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

late Frederick Kettler

AUTO (R)

14. MOTHER'S MAIDEN NAME

Anna Gebhardt Kettler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Viola M. Kettler, 709 N. Augusta A

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to May 3, 1952, that I last saw the
deceased alive on May 3, 1952 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. William H.

M. D.

23B. ADDRESS

3534 Edmondson Ave. 5/10/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

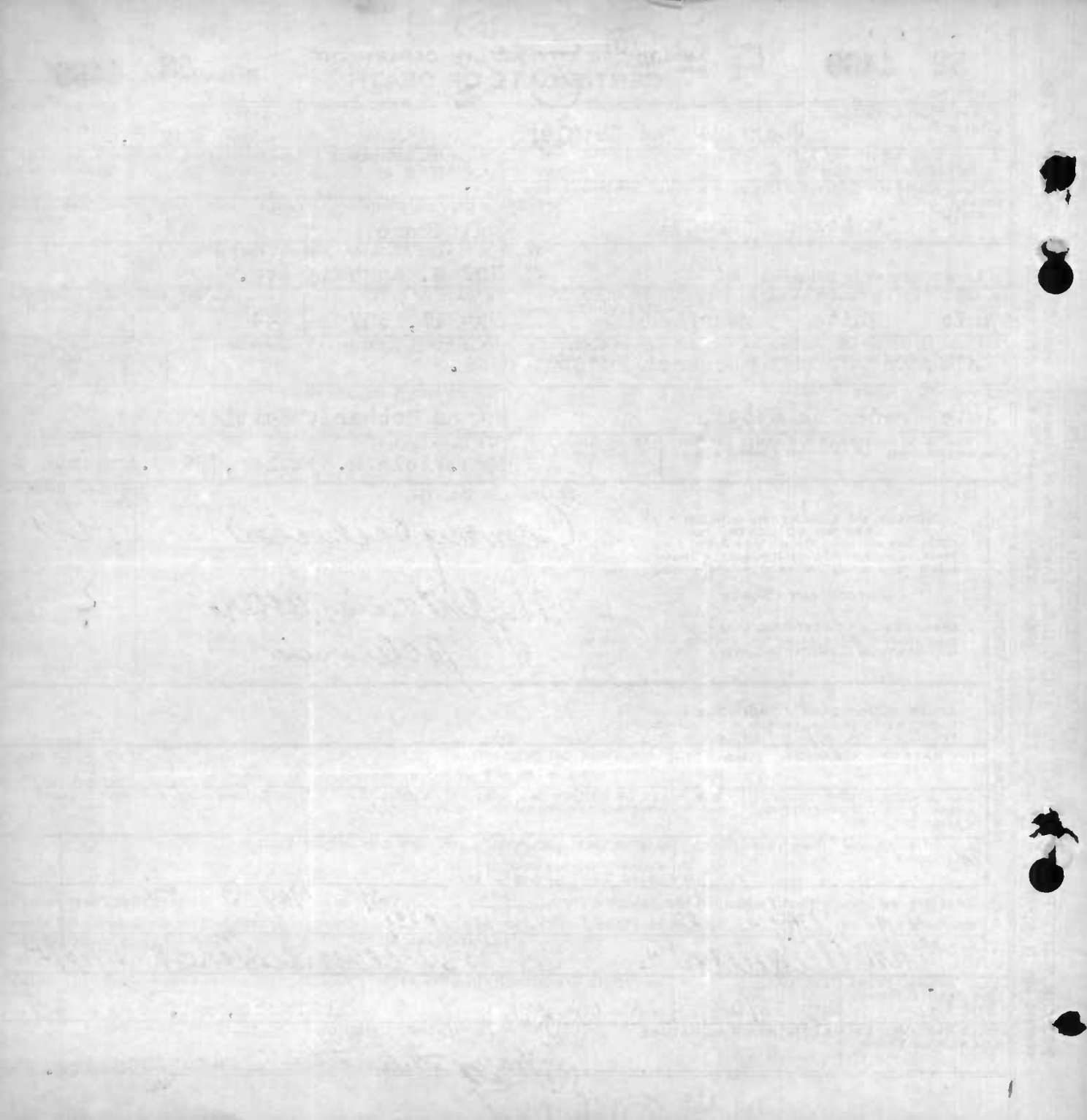
Baltimore, Md. Zone 29.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Lutz 4101 Edmondson Ave.



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Wallace Wells

2. DATE
OF
DEATH

May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1405 Longwood St., 16-07

c. Length of stay in Baltimore

60 - Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Apr. 5, 1884

9. AGE (in years
last birthday)

68

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Caulker

10B. KIND OF BUSINESS OR
INDUSTRY

Bureau of
Water Supply

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wells

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lawrence J. Fitzhenry 1405 Longwood St.

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Esophagus

2 mos?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from April 14, 1952, to May 11, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 1300 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Leon Aschman

23B. ADDRESS

1201 Poplar Ave St

23C. DATE SIGNED

5-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-13-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED
MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

Dr. Leon Ashman
1201 Poplar Grove Dr

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4471

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED

(Type or Print)

Buleah Jones

2. DATE
OF
DEATH

5-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

2838 Winchester St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

W

6. COLOR OR RACE

M

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 14, 1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Keeper

10B. KIND OF BUSINESS OR
INDUSTRY

Sheppard-Pratt

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Foley

14. MOTHER'S MAIDEN NAME

Rose Grape

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

B20.24.7657

17. INFORMANT

ADDRESS

Kathleen Welton 2838 Winchester St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5.14.52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Arthur, West Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

RECEIVED
COMMUNICATIONS SECTION
U.S. DEPARTMENT OF THE ARMY

1944 52

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

R-120
52 4472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4472
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM AARON RIBAKOW

2. DATE
OF
DEATH

May 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

2811 NORFOLK AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

15-12

c. Length of stay in Baltimore

70

Yrs.
Mos.
Dys.

D. STREET ADDRESS (If rural, give location)

2811 NORFOLK AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

74

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

POST OFFICE

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SHOLOM

14. MOTHER'S MAIDEN NAME

SIMG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HAS M.A. BACHARECH - SAME

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of lung with metastases to bone

16 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct, 1950, to May 11, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Milton B. Kues M.D.

23B. ADDRESS

2314 Calhoun Ave Balto 17

23C. DATE SIGNED

May 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

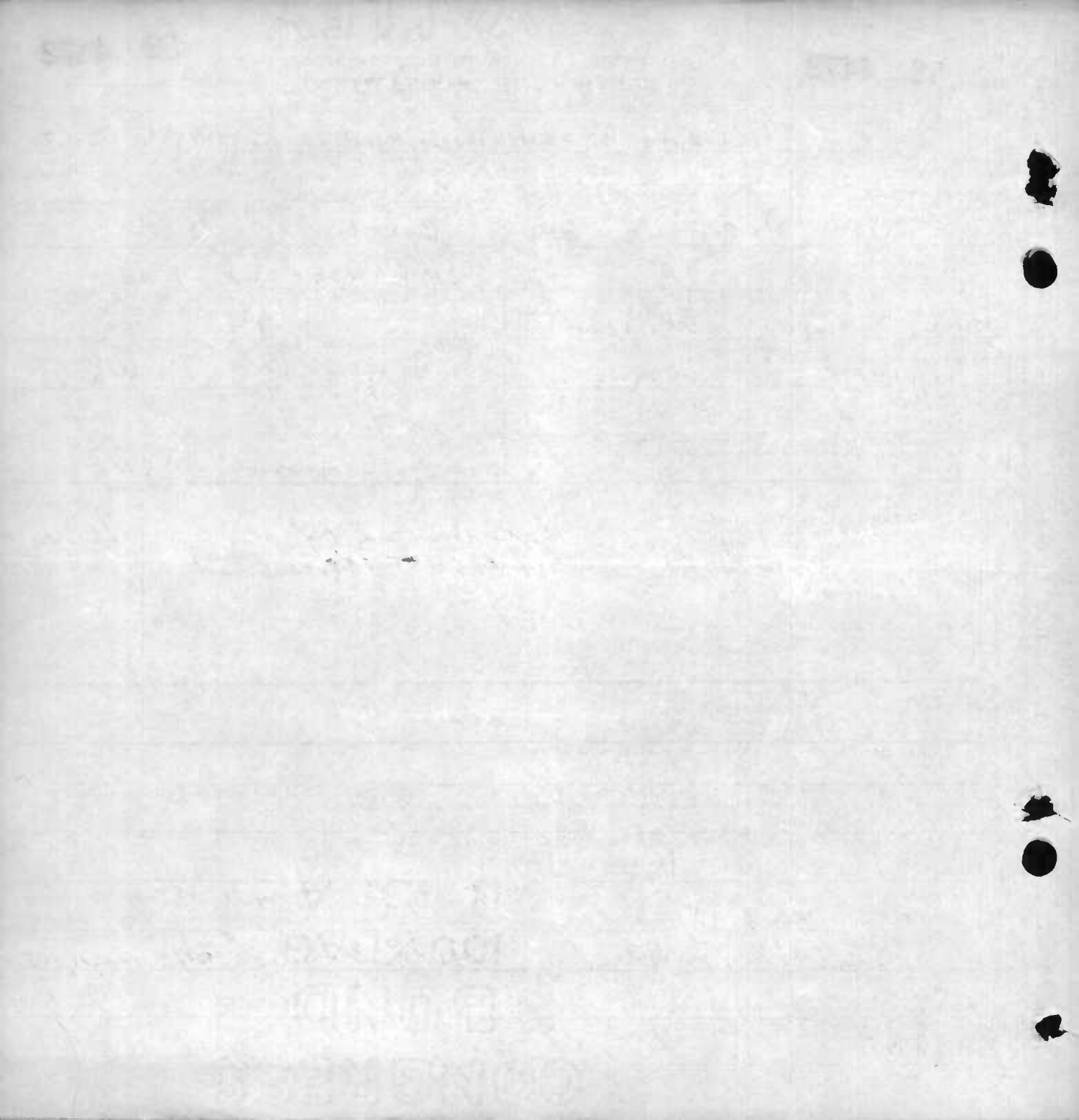
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc. - 2100 Eutaw Pl



C-620
52 4473BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4473
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie C. Craig

2. DATE
OF
DEATH

May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

University Hospital

c. Length of stay in Baltimore

80 YRS

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/15/1870

9. AGE (In years)

81

If Under 1 Year

8 Mos

If Under 24 Hours

21 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Craig

14. MOTHER'S MAIDEN NAME

Annie E. Lochner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs Mabel Leimbach 525 N LYNDHURST ST

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Kernia anuria, arteriosclerosis, general 1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Post operative abdomino-perineum

(C) DUE TO

Carcinoma of the Rectum

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 3, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rectum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1952, to May 10, 1952, that I last saw the
deceased alive on May 10, 1952, and that death occurred at 4:13 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J.R. McIninch

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

May 10 1952

24A. BURIAL, CRMA-
TION, REMOVAL (Specify)

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

LOU DON PIERCE CEMETERY

24D. LOCATION (City, town, or county)

FRED AVE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

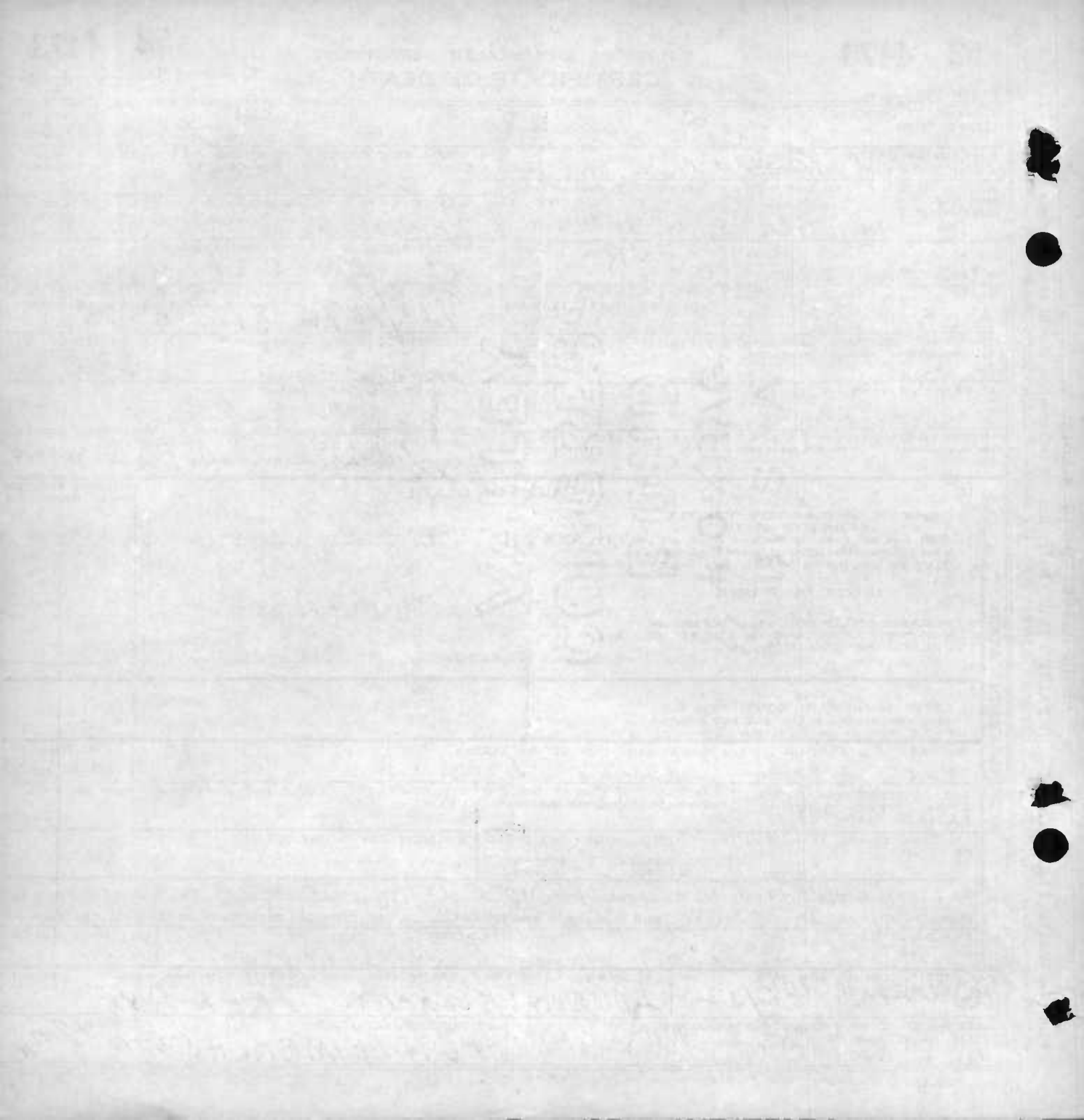
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO. H. LEIMBACH 525 N LYNDHURST ST

ADDRESS



52 4474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4474
Registered No.

BIRTH NO. 50-14474

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
LINDA SCOTT			May 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			A. STATE Maryland		
C. Length of stay in Baltimore Life			B. COUNTY Baltimore		
5. SEX female			6. DATE OF BIRTH 7/19/50		
6. COLOR OR RACE colored			9. AGE (In years last birthday) 1 yr.		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S			11. BIRTHPLACE (State or foreign country) Balto. Md.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
10B. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME Ernestine Thompson		
13. FATHER'S NAME Howard Scott			17. INFORMANT Howard Scott 732 W. Fayette St.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. ADDRESS		

18. E929.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Asphyxia
DUE TO drowning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
732 W. Fayette St.21D. TIME (Month) (Day) (Year) (Hour)
May 8, 1952 3:00 P. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Drowned in tub of water22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 9, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5/12/5224C. NAME OF CEMETERY OR CREMATORY
Mt Auburn24D. LOCATION (City, town, or county) (State)
Balto. MdDATE RECEIVED BY LOCAL REGISTRAR
MAY 12 1952REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
H. S. KelsoADDRESS
1303 Presbman St

1011

1011

RECEIVED BY THE OFFICE OF THE

SECRETARY OF THE ARMY

1011

1011



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4475**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA

JACKSON

2. DATE
OF DEATH **May 10, 1952**3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

909 E. Madison Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

January 24, 1913

9. AGE (In years
last birthday)

39

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

House-work

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Steve Floyd

14. MOTHER'S MAIDEN NAME

Annie Sample

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-24-0629

17. INFORMANT

Mrs. Mary Reese, 909 E. Madison St.
Baltimore, Md.

ADDRESS

18. **171X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of cervix

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

III. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Shiloh Baptist Cemetery

24D. LOCATION (City, town, or county)

Nr. Craddockville, Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Edgar Thomas

ADDRESS

Accomac, Va

1972

DEPARTMENT OF HEALTH
STATE OF NEW YORK

1972



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4476

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (DeArment)

(Type or Print)

Alice D. GADSBY

2. DATE
OF
DEATH

5-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Childrens Hosp. School

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 7

c. Length of stay in Baltimore

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

3606 Florida Rd.

5300

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-26-15

9. AGE (In years
last birthday)

36

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Guy DeArment

14. MOTHER'S MAIDEN NAME

Beulah C. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Husband - Eric M. Gadsby - same

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aspiration pneumonia

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C) Bulbo spinal poliomyelitis - paralytic 6 1/2 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1, 1952, to May 11, 1952, that I last saw the
deceased alive on May 11, 1952, and that death occurred at 1245 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. Preisig Horton M.D.

Childrens Hosp. School. Balt.

5/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/14/52

Lorraine Park Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952

Huntington Williams

Wm. J. Tichner & Sons

Balt 17, Md.

John J. O'Connell
March 15, 1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4477
Registered No.

BIRTH NO. 52-07595

1. NAME OF DECEASED
(Type or Print)

PAMELA TRIPLETT

2. DATE
OF
DEATH

May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. 754.4

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-1952 to 5-10-1952, that I last saw the
deceased alive on 5-10-1952 and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

NAME OF DECEASED

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

DECEASED'S SIGNATURE

DECEASED'S ADDRESS

DECEASED'S PHONE

DECEASED'S SOCIAL SECURITY

DECEASED'S MARRIAGE

DECEASED'S CHILDREN

DECEASED'S SIGNATURE

DECEASED'S ADDRESS

DECEASED'S PHONE

MARGIN RESERVED FOR BINDING

2-400 52 4478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4478
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH ZILE

2. DATE
OF
DEATH

May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Windsor Nursing Home
3025 Windsor Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 6, 1862

9. AGE (In years last birthday)

90

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

-

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John B. Carrill

14. MOTHER'S MAIDEN NAME

Katherine Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Dingfelder - 2914 N. Loudon Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease
DUE TO

20 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis generalized; senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 5:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

M. D.

3048 W. North Ave.

23C. DATE SIGNED
May 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/12/52

24C. NAME OF CEMETERY OR CREMATORY

Middletown Cem.

24D. LOCATION (City, town, or county)

Rayville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

Balto 17, Md.

8438 52

DEPARTMENT OF HEALTH AND HUMAN SERVICES

8438 52

DEPARTMENT OF HEALTH AND HUMAN SERVICES

8438 52

8438 52



52 4479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4479

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)B.
HARRY/RIDGLEY2. DATE
OF DEATH May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Esskay Packing Company
3800 E. Baltimore Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (If rural, give location)

2131 Hollins Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 22, 1907

9. AGE (In years
last birthday)

hh

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Wholesale Meat Packer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Dorsey Ridgley

14. MOTHER'S MAIDEN NAME

Mary Dorothy Boone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elsie Ridgley - 2131 Hollins St.

18.

E914.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Electrocution

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Industrial place

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Esskay Packing Company, 3800 E. Baltimore

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 10, 1952 10:30 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Electrocuted by cord in base fan

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

May 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/13/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Wlkridge, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

MAY 12 1952

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

E. M. J. Tichenor & Son

ADDRESS

Balto 17 Md.

VS 151

N 992 X

69040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1973 12 15

CERTIFICATE OF DEATH

1973 12 15

1973 12 15
1973 12 15

B-620
52 4480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 4480
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Burgie, Daniel E.		2. DATE OF DEATH May 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 41 St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #13 10-02	
c. Length of stay in Baltimore 39 years		D. STREET ADDRESS (If rural, give location) 920 Abbott Court	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH May 16, 1893
9. AGE (in years last birthday) 58		10. Under 1 Year Months: Days 11 25	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Burgie		14. MOTHER'S MAIDEN NAME Rose McDonald	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs Marie A. Burgie		ADDRESS 1213 Ensor St.	

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bleeding duodenal ulcer DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Esophageal diverticulum		

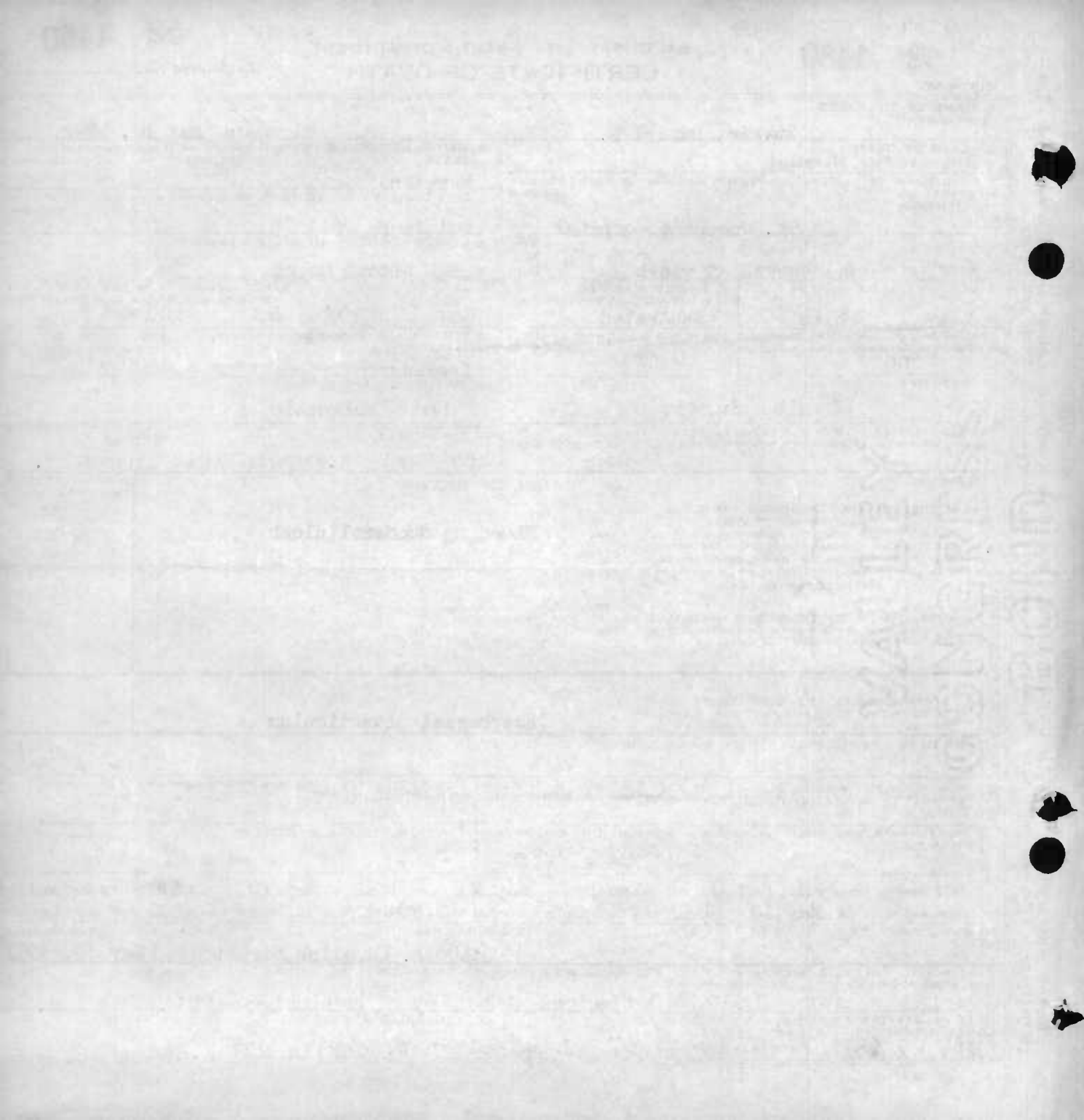
19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9 , 1952 to May 10 , 1952, that I last saw the deceased alive on May 10 , 1952, and that death occurred at 9:50 am. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]	M. D.	23B. ADDRESS 1100 N. Caroline Street	23C. DATE SIGNED May 10, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 13, 1952	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore City Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Elmer W. Conklin 924 E. Eager St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

52 4481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose E. Robinson

2. DATE
OF
DEATH

5.10.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

21-01

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

764 W. Hamburg St #30

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH

Aug. 3, 1896

9. AGE (in years last birthday)

55

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

h. w.

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

American - nat.

13. FATHER'S NAME

George James

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George Robinson, 764 W. Hamburg

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

(B)

Nephrosclerosis

DUE TO

(C)

Arterio-sclerotic cardio-vascular disease & decompensation

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-6, 1952 to 5-10, 1952 that I last saw the deceased alive on 5-10, 1952, and that death occurred at 4052 m., from the causes and on the date stated above.

23A. SIGNATURE

Sp. Jui Lin

23B. ADDRESS

Ind. General Hosp.

23C. DATE SIGNED

5-10-52

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/13/52

Cedar Hill Cemetery

A. A. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

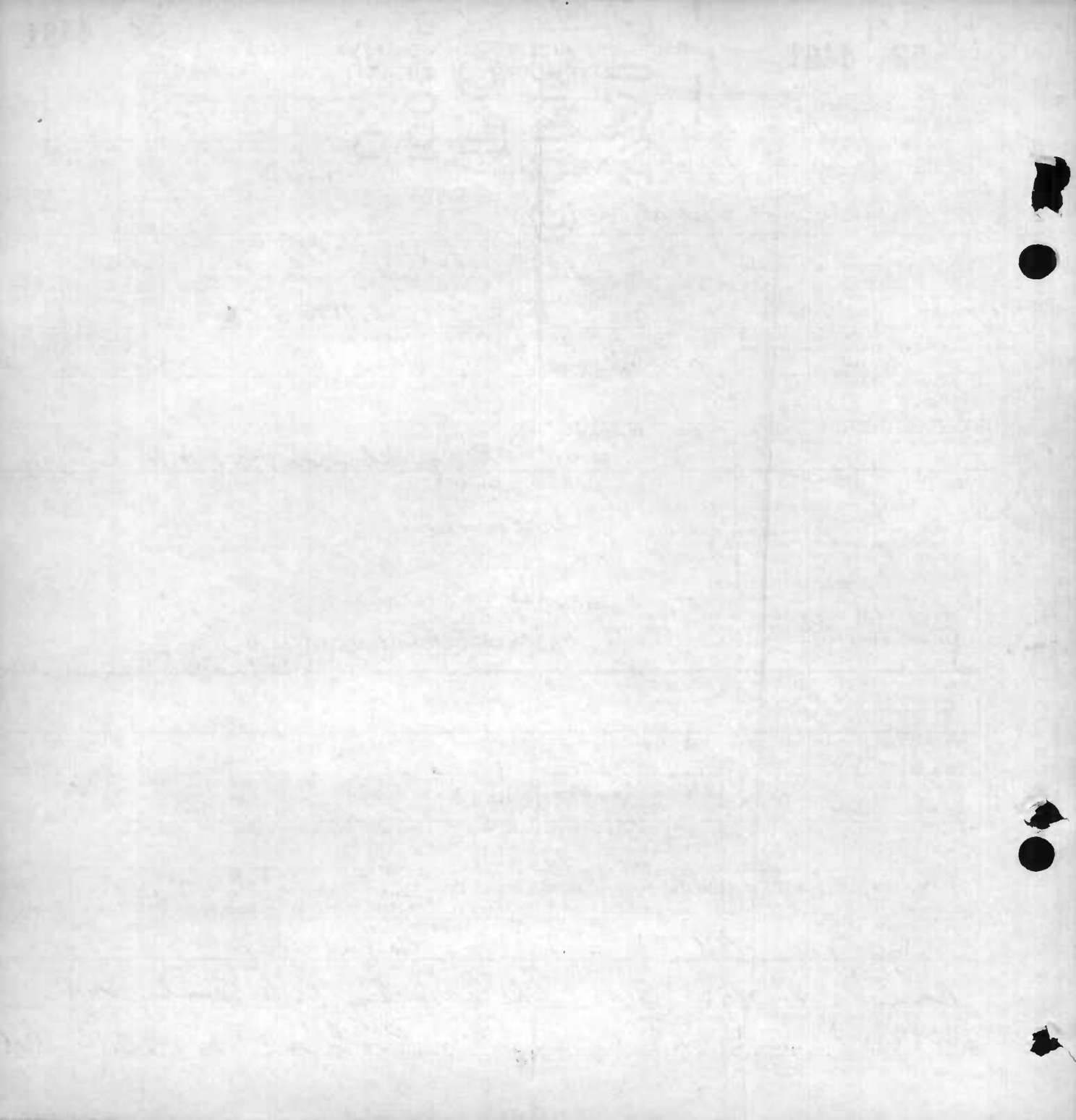
25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952

Huntington Williams

Wm. Cook & Co. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4482
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albertina M. Craig

2. DATE
OF
DEATH May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHarford Nursing Home
4702 Harford RoadC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4021 Parkside Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec. 5, 1872

9. AGE (in years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick W. Meyer

14. MOTHER'S MAIDEN NAME

Marie C. Bazika

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie Ekas, 1120 Homestead Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Abdominal aortic aneurysm

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from April 1952, to May 9, 1952, that I last saw the
deceased alive on May 9, 1952, and that death occurred at 3:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/12/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

1944

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

1944



DEATH

NEW YORK

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4483
Registered No. 4483

BIRTH NO. 50-14279

1. NAME OF DECEASED
(Type or Print)

WILLIAM B. GRAVES, JR.

2. DATE
OF
DEATH

May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

923 Pierce Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Male

Colored

—

19

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Baltimore, Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

William Bell Graves

Odessa Meeks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Mary Scott 422 W. Franklin St

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of the head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

923 Pierce Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 9, 1952 11:00

A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 13, 1952

Mt. Vernon Cem. Balto.

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952

Huntington Williams

Mrs. Kate R. Williams

Schneider

VS 151

N803.4

CERTIFICATE CORRECTED

6/26/52

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4484

BIRTH NO. 200 52 4484 51-05565

1. NAME OF DECEASED
(Type or Print)

Rosarita Hicks

2. DATE
OF
DEATH

May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 Union Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

19-02

D. STREET ADDRESS (If rural, give location)

206 N. Mount St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

f

6. COLOR OR RACE

C

7. (SINGLE, MARRIED,
WIDOWED, DIVORCED) (Specify)

Single

8. DATE OF BIRTH

March 13 1951

9. AGE (In years,
last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Hicks

14. MOTHER'S MAIDEN NAME

Lilores Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Fulham 232 N. Carlton St.

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Villinary tuberculosis
of the lungs

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Tuberculous meningitis

8 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1952 to May 9, 1952 that I last saw the deceased alive on May 9, 1952, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Rossard

M. D.

23B. ADDRESS

Union Hosp. Balto. Md.

23C. DATE SIGNED

5-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Petrus. Cem. Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams, Schoder St.

ADDRESS

322 N. Schoder St.

Report Card of the Bureau of TBC

#00718 from Dr. J. Bossard, University Hospital
dated 6/13/52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4485

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

MR. HOWARD JOSEPH LEPSON

2. DATE

OF DEATH

May 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

BON SECOURS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO. MD.

D. STREET ADDRESS (If rural, give location)

422 DENNISON STREET

C. Length of stay in Baltimore

68

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

10/13/1883

9. AGE (in years

last birthday)

68

If Under 1 Year

Months: Days

6: 20

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED, Examiner

10B. KIND OF BUSINESS OR

INDUSTRY

B V D Co.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE LEPSON

UNDERWEAR

14. MOTHER'S MAIDEN NAME

ALICE McNASBY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

MR. CHARLES H. LEPSON- SON

SAME

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF THE SIGMOID

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-2-52

19B. MAJOR FINDINGS OF OPERATION

Cancer of sigmoid; Intestinal obstruction

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-28, 1951 to 5-8, 1952, that I last saw the deceased alive on 5-8, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Juan Mendez

M. D.

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

5-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

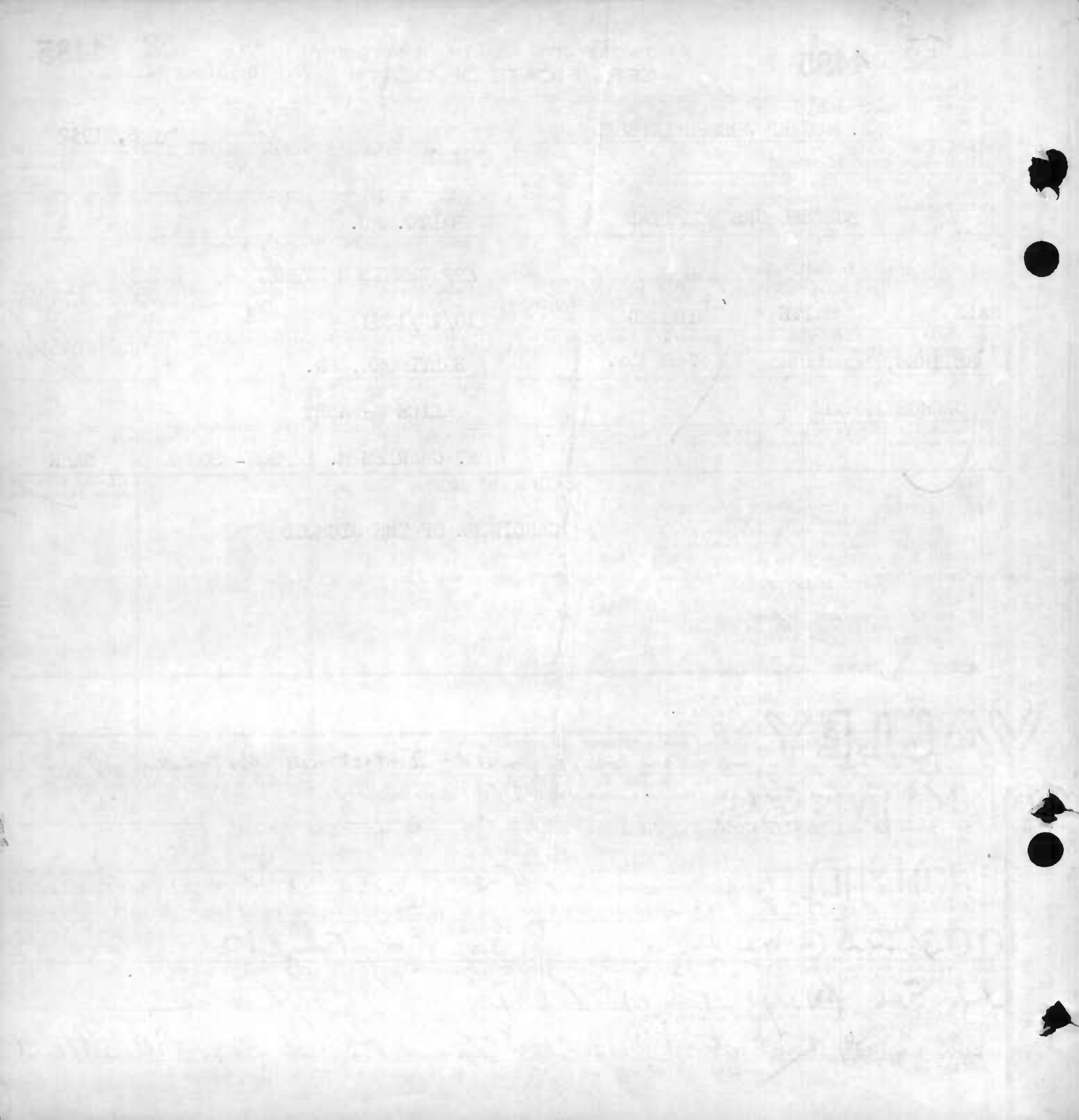
ADDRESS

MAY 12 1952

Huntington Williams, 1913 W. Balto. St.

1913 W. Balto. St.

1913 W. Balto. St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

I. Leo Hartman

2. DATE
OF
DEATH

May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION 404 W. 24 th. Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

404 W. 24th. Street

c. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

MARRIED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-9-1903

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Tire business

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Henry Hartman

14. MOTHER'S MAIDEN NAME

Volear V. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

705-12-8542

17. INFORMANT

ADDRESS

Jessie G. Hartman 404 W. 24th. St.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1950, to 5/9/1952, that I last saw the
deceased alive on 5/7/1952, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

a. Weiss's

23B. ADDRESS

2902 Huntington Ave

23C. DATE SIGNED

5/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-12-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Evans & Son

118 W. Mt. Royal Ave

Dr Weiss
2902 Huntington Ave

CERTIFICATE CORRECTED

6-10-52

NOVAK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4487

BIRTH NO.

1. NAME OF DECEASED (Also known as Michelina Novak)
(Type or Print) Helen Novak2. DATE OF DEATH May 10 - 1952
10 a.m.3. PLACE OF DEATH:
A. Baltimore City, Maryland 1200 Valley St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Little Sisters of the PoorC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01c. Length of stay in Baltimore
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
1200 Valley St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1 - 1952 to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952

VS 150

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
CERTIFICATE OF DEATH

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

Witness my hand and the seal of said office, at Austin, Texas, this 1st day of January, 1901.

JOHN W. HARRIS, Registrar.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 4488
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline Forderling

2. DATE
OF
DEATH May 9-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)
Baltimore City Hospitals-

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 19-1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Weil

(D)

14. MOTHER'S MAIDEN NAME

Sarah

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute cardiac failure

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Auricular fibrillation

DUE TO

1 day

(C) Arteriosclerotic hypertensive
cardiovascular disease

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1950, to 5-9, 1952, that I last saw the
deceased alive on 5-9, 1952, and that death occurred at 2.10A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

5-9-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Inc

ADDRESS

2105 Eutaw Pl

1010

Sc

6270-1

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

1001-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

653
52 4489

BALTIMORE CITY HEALTH DEPARTMENT
J CERTIFICATE OF DEATH

Registered No. 52 4489

1. NAME OF DECEASED (Type or Print) <i>August Freund</i>			2. DATE OF DEATH <i>5/10/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Unit</i>			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Balt.</i> <i>26-03</i>		
c. Length of stay in Baltimore Yrs. <i>56</i> Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3127 Glenlynn</i> <i>Postey</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>M</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 16-1877</i>	9. AGE (In years last birthday) <i>74</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work considering most of working life, even if retired) <i>Retired Clerk Bakery</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Bakery</i>		
11. BIRTHPLACE (State or foreign country) <i>Germany</i>			12. CITIZEN OF WHAT COUNTRY? <i>Germany</i>		
13. FATHER'S NAME <i>Ernest</i>			14. MOTHER'S MAIDEN NAME <i>Ernest</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Theresa Freund</i>			ADDRESS <i>3127 Glenlynn</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Failure</i> DUE TO (A) <i>Hypertensive C-v Disease</i> DUE TO (B) <i>Hypertensive C-v Disease</i> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>years.</i>		
19. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		24. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		26. HOW DID INJURY OCCUR?			
27. I hereby certify that I attended the deceased from <i>5/1/52</i> , 19 <i>52</i> , to <i>5/10/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>5/10</i> , 19 <i>52</i> , and that death occurred at <i>6:30 P.m.</i> , from the causes and on the date stated above.					
28. SIGNATURE <i>Robert D. Scott</i>		29. ADDRESS <i>University Hospital</i>		30. DATE SIGNED <i>5/10/52</i>	
31. BURIAL, CREMATION, REMOVAL (Specify)		32. DATE <i>5/14/52</i>		33. NAME OF CEMETERY OR CREMATORY <i>Wester Co</i>	
34. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		35. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1952</i>			
36. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		37. FUNERAL DIRECTOR <i>J. H. Church</i>			
38. ADDRESS <i>5305 Waverly Rd</i>					

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

1980

12

INSTITUTIONAL REPORT

1980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4490**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary K. Barnes

2. DATE
OF
DEATH

May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1026 Wilmington Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1026 Wilmington Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

feamell

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Jan. 16, 1879

9. AGE (in years

last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

?

Hartman

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Vera Quinn, 1026 Wilmington Ave

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

arterio-sclerotic

cardio-vascular disease

(B)

DUE TO

Coronary insufficiency

(C)

none

INTERVAL BETWEEN
ONSET AND DEATH

144

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1952, to 5/9, 1952, that I last saw the
deceased alive on 5/9, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Wilkins MD

23B. ADDRESS

M. D.

2070 Wilkins an

23C. DATE SIGNED

5/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/17/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

Dr. Benj. Miller
2030 Wilkins Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4491

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman T. Schene

2. DATE
OF
DEATH

May 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3405 Elmley Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

3405 Elmley Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

June 16, 1892

9. AGE (in years
last birthday)

59

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry J. Schene

PRINTING

14. MOTHER'S MAIDEN NAME

Mary C. Martel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Eugene Rebbert, 3405 Elmley Ave

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of colon

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1951
(9 mo.)

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

August 1951

19B. MAJOR FINDINGS OF OPERATION

carcinoma of colon with metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to May 10, 1952, that I last saw the
deceased alive on 5-10, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John Moore

M. D.

23B. ADDRESS

3105 Belair Rd

23C. DATE SIGNED

5-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/14/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

Dr. Moores
3105 Belair Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4492**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Vincent Rinaldi			2. DATE OF DEATH May 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 4207 Bayonne Avenue			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4207 Bayonne Avenue		
6. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 22, 1875	9. AGE (in years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceryman, self-emp.			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Sicily			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Rinaldi			14. MOTHER'S MAIDEN NAME Phillipa Profitto		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Grace Rinaldi			ADDRESS 4207 Bayonne		

18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 3/31/52	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/27** 19**48** to **5/9**, 19**52**, that I last saw the deceased alive on **5/9**, 19**52**, and that death occurred at **1:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE D. J. B. B. B.	23B. ADDRESS 5829 Belair Rd.	23C. DATE SIGNED 5/12/52
-----------------------------------------	----------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/13/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
------------------------------------------------------------	-----------------------------	------------------------------------------------------------	-----------------------------------------------------------------------------

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Leonard J. Ruck	ADDRESS 5305 Harford Road.
--------------------------------------------------------	-----------------------------------------------------------	------------------------------------------------	--------------------------------------

Dr. Battaglia
5829 Belair Road

52 4493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 4493

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grafton C. CRAWFORD

2. DATE
OF
DEATH

5.12.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

28-48

D. STREET ADDRESS (If rural, give location)

4810 Hadden Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 19, 1877

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steamfitter

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Oliver Crawford

14. MOTHER'S MAIDEN NAME

Elizabeth Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

Spanish American

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Mary Crawford - 2023 Gwynn Oak Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Anteroselectic L.V. disease &
decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatoid arthritis
multiple

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4.15, 1948 to 5.12, 1952 that I last saw the
deceased alive on 5.12, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. Linn

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5.12.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/14/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

5-11-52

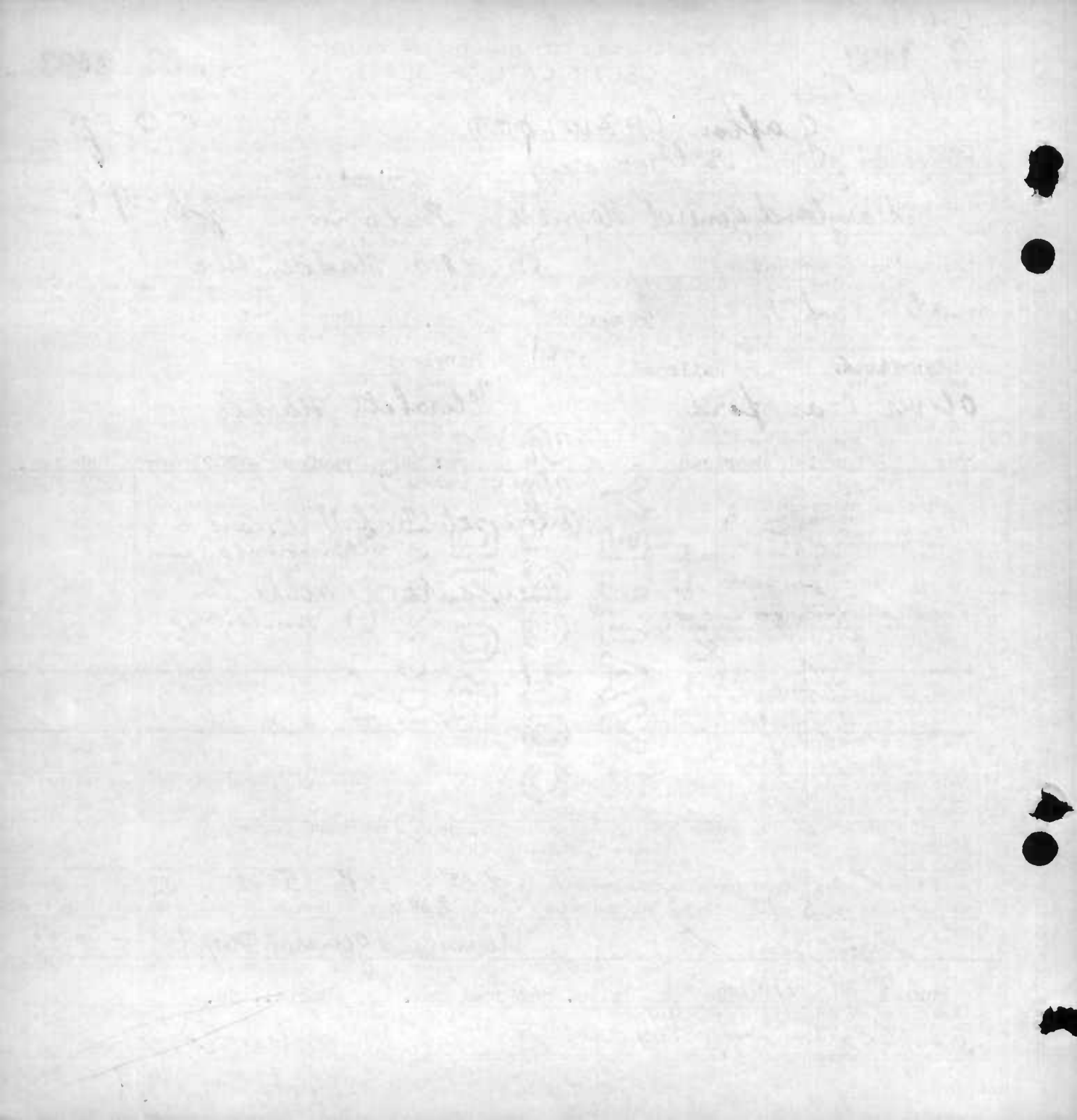
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Jickner & Sons



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4494

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony Harla

2. DATE
OF
DEATH

May 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

828 h. Kenwood ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

828 h. Kenwood ave

C. Length of stay in Baltimore

60 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1875 1856

9. AGE (In years
last birthday)

7-677

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Labar

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Harla

14. MOTHER'S MAIDEN NAME

Anna Pasiecha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Box 344

Louis Harla, Elkhridge Ind.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Coronary Thrombosis

(A)

DUE TO

Myocarditis

(B)

DUE TO

Hypertensive Cardiovascular disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5/9/52

4/1/51

1/1948

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1948, to May 9, 1952, that I last saw the
deceased alive on 5/9, 1952, and that death occurred at 11:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 13, 1952

St Stanislaus Cemetery, Balto. City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952

Huntington Williams

John M. Welch

401 S. Chester Street

1004 SC

RECEIVED BY THE SECRETARY OF THE ARMY

WASHINGTON, D. C. 20315

1004 SC

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4495**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**George C. Perine**2. DATE
OF
DEATH**May 10, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Union Memorial Hospital**Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE**Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-00D. STREET ADDRESS (If rural, give location)
1128 Cathedral St

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

June 3, 18739. AGE (In years
last birthday)**78**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**USA.**

13. FATHER'S NAME

Glenn Perine

14. MOTHER'S MAIDEN NAME

Liza Washington15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**1**

17. INFORMANT

HOSP. REC.

ADDRESS

18. **572.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Peritonitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Ruptured diverticulum of sigmoid colon.**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**3 days**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 8, 1952

19B. MAJOR FINDINGS OF OPERATION

in testicular obstruction - Ruptured diverticulum

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 8, 1952** to **May 10, 1952**, that I last saw the
deceased alive on **May 8, 1952** and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Wacramast

M. D.

23B. ADDRESS

Union Memorial Hops

23C. DATE SIGNED

5-10-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

5-13-1952

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTO**MD.**DATE RECEIVED BY
LOCAL REGISTRAR**MAY 12 1952**

REGISTRAR'S SIGNATURE

Huntington W.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co

ADDRESS

4905 York Rd

[Faint, illegible text, likely bleed-through from the reverse side of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 4496532
52 4496
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE ROBERTA LINTHICUM			2. DATE OF DEATH MAY 11 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 514 ROSSITER AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 27-10		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 514 ROSSITER AVE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 10, 1872	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		
11. BIRTHPLACE (State or foreign country) MD.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME AUGUSTUS CLARK			14. MOTHER'S MAIDEN NAME MARY MARGARET MAGAHA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT MR. JESSE LINTHICUM			ADDRESS ABOVE		

MEDICAL CERTIFICATION

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Stomach Primary Carcinoma of 6 mo.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-15</u> , 19 <u>52</u> , to <u>5-11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>52</u> , and that death occurred at <u>2:10 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE Ed. Jones M.D.		23B. ADDRESS 11 E. Lane		23C. DATE SIGNED 5-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-14-1952		24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET	
24D. LOCATION (City, town, or county) BALTO.		24E. (State) MD.		25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co. 4905 YORK RD.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS H.W. JENKINS & SONS Co. 4905 YORK RD.	

DR. P. D. FLYNN

11 E. CHASE ST.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4497

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edgar H. Fleishell</i>		2. DATE OF DEATH <i>5-12-52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD.</i> b. COUNTY <i>27-10</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>37 Mercy Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i>			
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>506 Chateau Ave. Balto #12</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1/25/1884</i>	9. AGE (In years, last birthday) <i>67</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>General merchandise store keeper</i>		11. BIRTHPLACE (State or foreign country) <i>Balto.</i>	
13. FATHER'S NAME <i>Harry B. Fleishell</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Hudson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT ADDRESS <i>HOSP. REC.</i>	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Peritonitis</i>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>about 3 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Strangulated Inguinal Hernia, Rt.</i>		(B) DUE TO		<i>about 36 Hrs</i>	
		(C) <i>Carcinoma of Sigmoid</i>		<i>known since 4-29-52</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>4-11-52</i>		19b. MAJOR FINDINGS OF OPERATION <i>Peritonitis - Strangulated Inguinal Hernia - Rt.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-18</i> 19 <i>52</i> , to <i>4-12</i> 19 <i>52</i> , that I last saw the deceased alive on <i>4-12</i> 19 <i>52</i> , and that death occurred at <i>2:30</i> A.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>John H. Stone</i>		23b. ADDRESS M. D. <i>Mercy Hosp. Balto. Md.</i>		23c. DATE SIGNED <i>5-12-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>5-15-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>LOUDON PARK</i>	24d. LOCATION (City, town, or county) <i>BALTO</i>	(State) <i>MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>N.W. JENKINS & SONS Co 4905 YORK RD</i>	

1921 25

DEPARTMENT OF HEALTH

CLERK OF THE COURT

1921



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4498**BIRTH NO. **52 4498**1. NAME OF DECEASED
(Type or Print)*Garrvie H. Watson*2. DATE
OF
DEATH*May 9, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE *md.*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*902 N. Bond St*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore*

C. Length of stay in Baltimore

36 yrs.

D. STREET ADDRESS (If rural, give location)

902 N. Bond St

5. SEX

Female

6. COLOR OR RACE

*Col.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*Jan 29 1913*9. AGE (in years
last birthday)*38*If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Homemaker*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Windear Va.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Watson

14. MOTHER'S MAIDEN NAME

*Miller Gray*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Effie Parker 902 N. Bond St*18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *pulmonary tuberculosis
far advanced*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

*unk.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/17, 1952* to *3/9, 1952* that I last saw the
deceased alive on *3/7, 1952* and that death occurred at *1:12 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23C. DATE SIGNED

*5-12-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

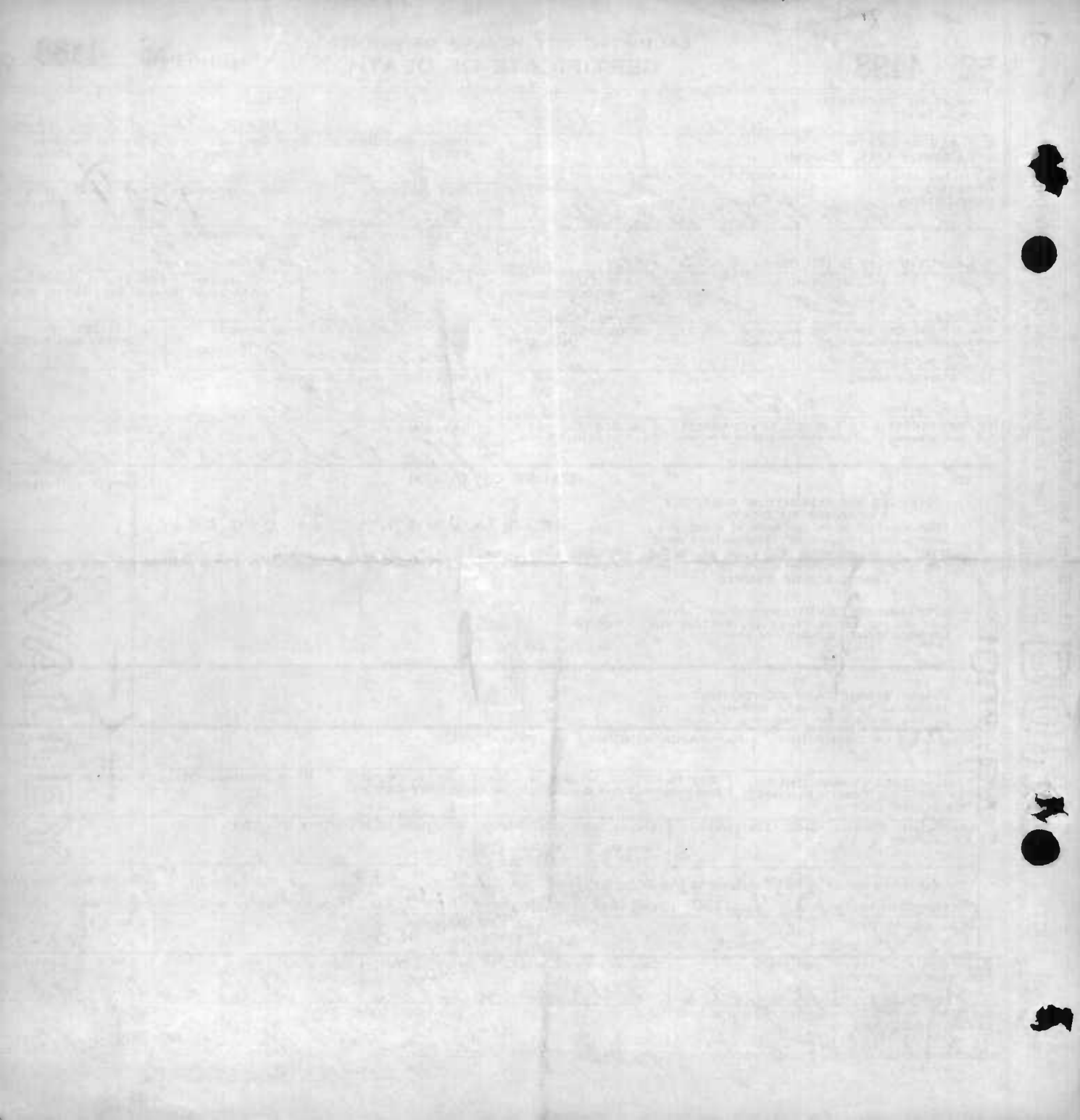
25. FUNERAL DIRECTOR

ADDRESS

*MAY 12 1952**Huntington Williams, Jr.**Mrs. J. A. Blissett Daughter*

VS 150

*7208A**1129 N. Caroline St*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 4499**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**WILLIAM ENNEL S.**2. DATE
OF
DEATH**5/11/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

M D.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2101 W. COLD SPRING LA.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1307 LEMON ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COL.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1899

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER.

10B. KIND OF BUSINESS OR INDUSTRY

FACTORY

11. BIRTHPLACE (State or foreign country)

VA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Records

ADDRESS

18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Diabetes mellitus

DUE TO

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

myocarditis**unknown**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-18-1952** to **5-11-1952**, that I last saw the deceased alive on **5-10-1952**, and that death occurred at **9:01** m., from the causes and on the date stated above.

23A. SIGNATURE

John E. L. Campbell

M. D.

23B. ADDRESS

1639 N. Carey St. Balto. Md. 5-12-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**5/13/52****MT Zion****Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1952**Huntington Williams****Joseph A. Jewell - 661W.**

0000 02

0000 02 0000 0000 0000 0000

0000 02

0000 02 0000 0000 0000 0000

0000 02 0000 0000 0000 0000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 4500

52 4500
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JULIA CUMMING TUCKER			2. DATE OF DEATH 5-11-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2808 Melrose Ser #16		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) w.	8. DATE OF BIRTH Feb 10, 1872	9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Augustus Cumming			14. MOTHER'S MAIDEN NAME Katharine Veirs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Brison C. Tycker - 605 Edgevale Rd.		
18. 252x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) L.V. 9. right sided hemiplegia DUE TO (B) colitis - undetermined origin DUE TO (C) decubitus ulcer II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8:31 , 19 51 to 5-11 , 19 52 that I last saw the deceased alive on 5-11 , 19 52 and that death occurred at 8:45pm. , from the causes and on the date stated above.					
23A. SIGNATURE Lee - Jui Lin		33B. ADDRESS M. D. Maryland General Hospital		23C. DATE SIGNED 5-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/14/52		24C. NAME OF CEMETERY OR CREMATOR Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS Dr. M. J. Tichener & Sons Balto 17 Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Dr. M. J. Tichener & Sons Balto 17 Md.	

